National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1985

Health Care Financing Administration

PUBS
RA
975
.5
N4
N37
1985

RA
975.5
.N4
N37
1985
c.2

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List of Approved ESRD Facilities in State, City Sequence 1

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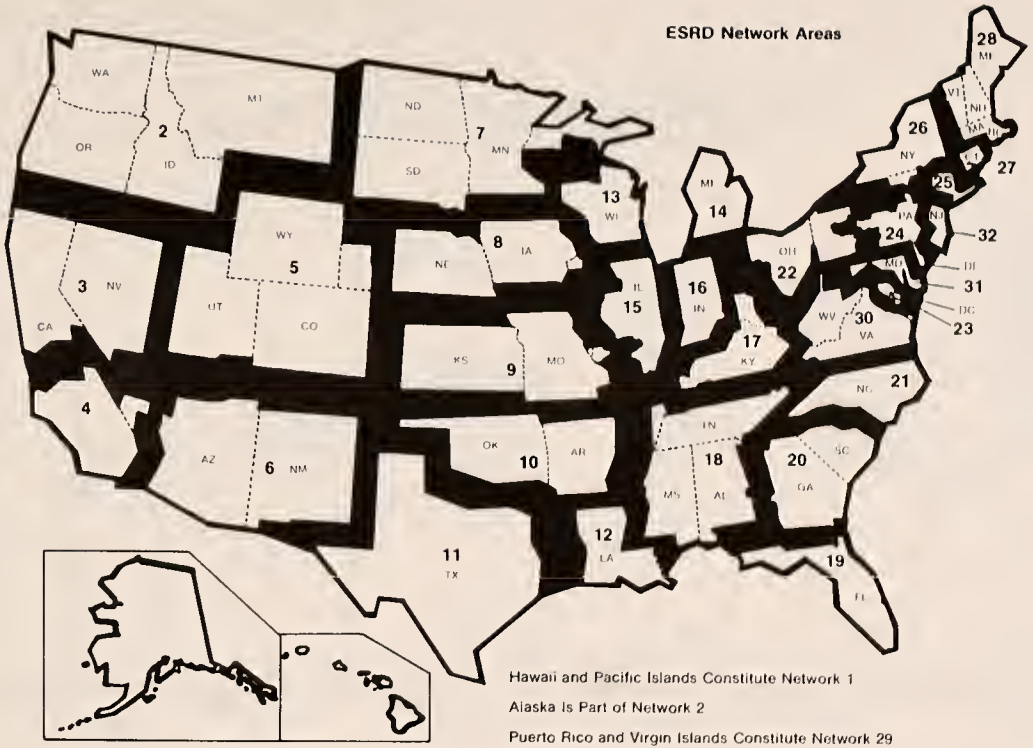
ESRD Network Areas
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Hawaii and Pacific Islands Constitute Network 1
Alaska Is Part of Network 2
Puerto Rico and Virgin Islands Constitute Network 29

Exhibit A
PROVIDERS OF RENAL CARE
GROWTH RATE

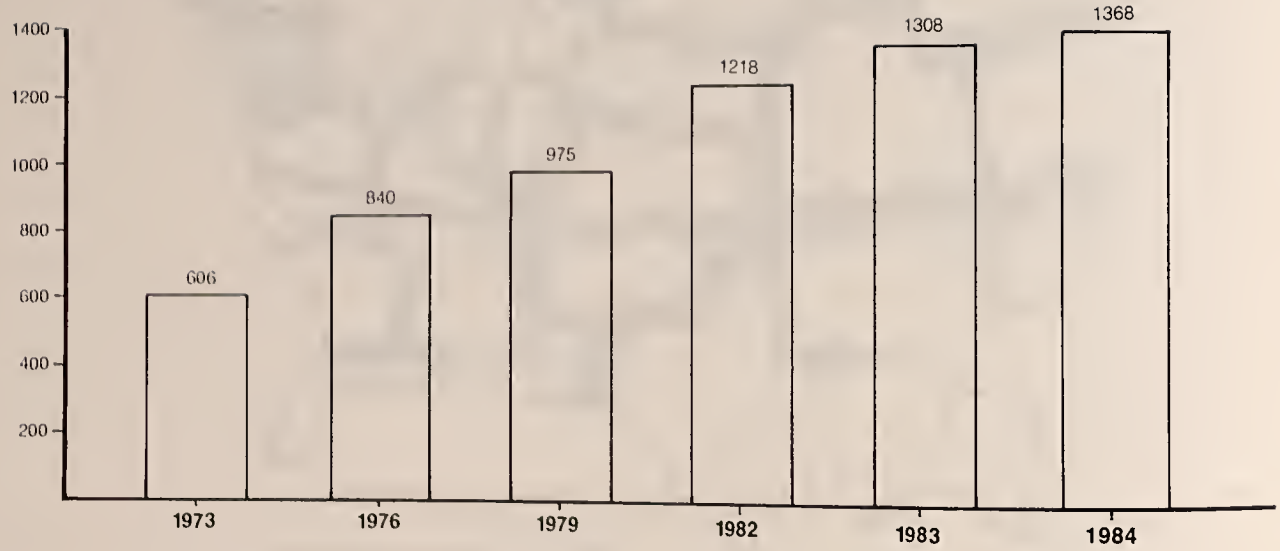

Exhibit B
PROVIDERS OF RENAL CARE
HOSPITAL COMPARED TO INDEPENDENTS

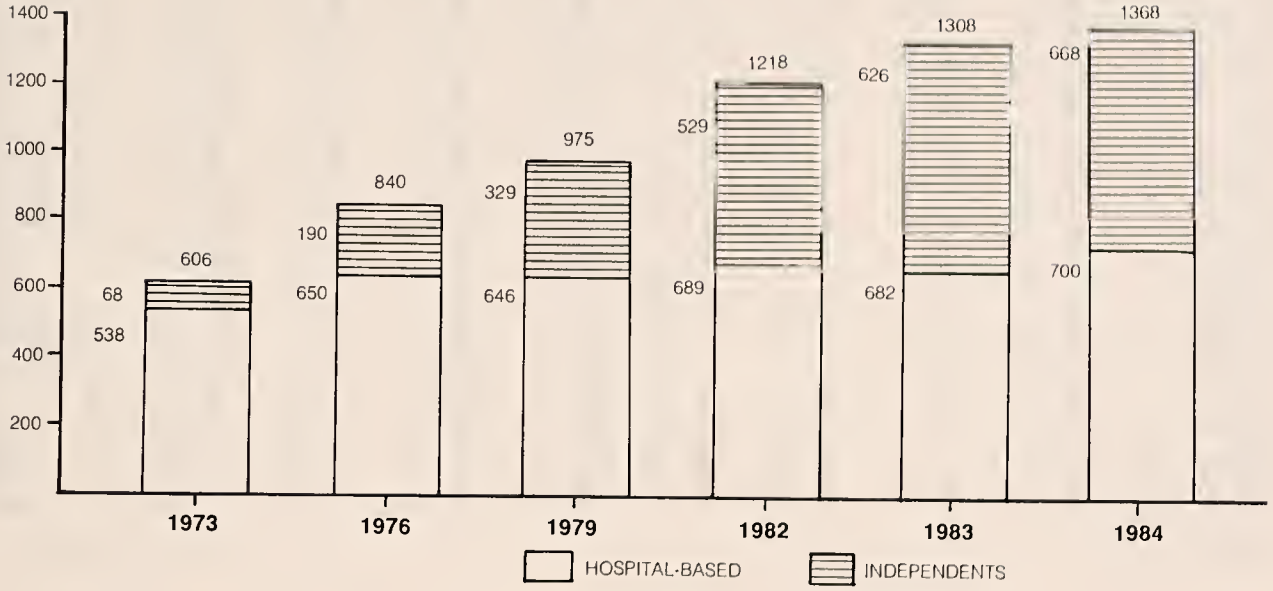

TABLE 1 - NUMBER OF SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR ESRD NETWORKS BY SERVICE TYPE

12/31/84

	TOTAL	(1) TOTAL TRANSPLANT CENTERS	(2) TRANSPLANT CENTER ONLY	(3) DIALYSIS & TRANSPLANT CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ONLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NON-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIONS
U.S. TOTAL	1,368	170	26	146	1,290	360	117	668	63	16,694
NETWORK 1	11	1	0	1	11	3	4	3	0	107
2	36	6	3	3	31	13	1	14	1	269
3	69	4	0	4	67	14	6	34	2	707
4	106	11	6	6	90	18	6	61	10	1,272
5	32	4	1	3	27	6	3	16	4	267
6	33	4	1	3	32	7	6	16	0	337
7	32	3	1	2	30	8	18	2	1	307
8	20	3	0	3	19	7	7	2	1	181
9	40	10	2	8	36	4	7	16	3	429
10	41	6	0	6	40	14	4	16	1	321
11	82	9	5	4	73	16	4	49	4	1,243
12	46	6	3	3	42	6	2	32	0	458
13	22	2	0	2	21	14	4	1	1	167
14	38	10	1	9	36	12	6	8	2	512
15	67	7	0	7	61	17	8	29	6	868
16	14	2	0	2	14	10	1	1	0	249
17	26	6	0	6	26	1	3	16	0	292
18	78	6	2	4	74	7	3	60	2	999
19	91	4	0	4	86	11	3	67	5	1,220
20	66	4	0	4	64	4	4	52	1	978
21	21	6	0	6	21	1	0	16	0	461
22	66	7	0	7	64	21	4	22	1	672
23	28	6	0	6	27	6	1	16	1	364
24	67	8	0	8	61	22	0	31	5	793
25	70	7	1	6	69	41	4	18	0	846
26	26	6	0	6	26	16	2	3	0	216
27	16	2	0	2	16	12	0	2	0	181
28	39	10	0	10	39	13	3	13	0	479
29	17	2	0	2	17	8	0	7	0	171
30	48	4	0	4	48	11	3	30	0	562
31	19	3	0	3	19	4	1	11	0	257
32	27	3	0	3	27	17	1	6	0	411

TOTAL = 2 + 4 + 8
(1) = 2 + 3
(4) = 3 + 5 + 6 + 7

TABLE 2 - NUMBER OF OPERATIONAL SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR HCFA REGIONS AND STATES BY SERVICE TYPE AND FACILITY LOCATION

12/31/84

	TOTAL	(1) TOTAL TRANSPLANT CENTERS	(2) TRANSPLANT CENTER ONLY	(3) DIALYSIS & TRANSPLANT CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ONLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NON-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIONS
U.S. TOTAL	1,368	170	25	145	1,290	360	117	668	53	16,594
REGION 1	55*	12*	0*	12*	55*	25*	3*	15*	0*	660*
CONNECTICUT	16	2	0	2	16	12	0	2	0	181
MAINE	4	1	0	1	4	2	0	1	0	46
MASSACHUSETTS	25	8	0	8	25	7	3	7	0	301
NEW HAMPSHIRE	4	0	0	0	4	2	0	2	0	36
RHODE ISLAND	5	0	0	0	5	2	0	3	0	85
VERMONT	1	1	0	1	1	0	0	0	0	11
REGION 2	139*	18*	1*	17*	138*	80*	7*	34*	0*	1,636*
NEW JERSEY	27	3	0	3	27	17	1	6	0	411
NEW YORK	95	13	1	12	94	55	6	21	0	1,054
PUERTO RICO	15	1	0	1	15	7	0	7	0	165
VIRGIN ISLAND	2	1	0	1	2	1	0	0	0	6
CANADA	0	0	0	0	0	0	0	0	0	0
REGION 3	185*	21*	0*	21*	177*	48*	6*	102*	8*	2,239*
DELAWARE	3	0	0	0	3	1	0	2	0	49
WASHINGTON DC	15	5	0	5	14	1	1	7	1	183
MARYLAND	27	3	0	3	27	7	1	15	0	373
PENNSYLVANIA	87	9	0	9	80	27	1	43	7	1,007
VIRGINIA	44	4	0	4	44	8	2	30	0	530
WEST VIRGINIA	9	0	0	0	9	4	1	4	0	97
REGION 4	269*	21*	2*	19*	258*	23*	11*	205*	9*	3,802*
ALABAMA	24	2	0	2	23	3	0	18	1	323
FLORIDA	91	4	0	4	85	11	3	67	5	1,220
GEORGIA	42	3	0	3	42	3	4	32	0	646
KENTUCKY	16	2	0	2	16	0	3	11	0	162
MISSISSIPPI	23	1	0	1	23	1	1	20	0	284
NORTH CAROLINA	21	5	0	5	21	1	0	15	0	461
SOUTH CAROLINA	22	1	0	1	21	1	0	19	1	322
TENNESSEE	30	3	2	1	27	3	0	23	1	384
REGION 5	209*	34*	2*	32*	195*	76*	32*	55*	12*	2,615*
ILLINOIS	71	7	0	7	63	17	8	31	8	895
INDIANA	14	2	0	2	14	10	1	1	0	249
MICHIGAN	41	10	1	9	38	14	7	8	2	526
MINNESOTA	19	3	1	2	17	4	9	2	1	233
OHIO	42	10	0	10	42	17	3	12	0	545
WISCONSIN	22	2	0	2	21	14	4	1	1	167

TOTAL = 2 + 4 + 8
(1) = 2 + 3
(4) = 3 + 5 + 6 + 7

TABLE 2 - NUMBER OF OPERATIONAL SUPPLIERS OF ESRD SERVICES AND APPROVED DIALYSIS STATIONS FOR HCFA REGIONR AND RTATER BY SERVICE TYPE AND FACILITY LOCATION

12/31/84

	TOTAL	(1) TOTAL TRARRPLART CENTER5	(2) TRANSPLANT CENTER ORLY	(R) DIALYSIR & TRANSPLART CENTER	(4) TOTAL DIALYSIS FACILITIES CENTERS	(5) DIALYSIS CENTER ORLY	(6) DIALYSIS FACILITY-HOSPITAL	(7) DIALYSIS FACILITY-NOR-HOSPITAL	(8) INPATIENT CARE	NUMBER OF APPROVED DIALYSIS STATIORS
REGIOR R	1R2•	22•	R•	1R•	1RR•	38•	14•	103•	5•	2,147•
ARKARSAS	1R	2	0	2	10	5	1	10	1	171
LOUISIARA	45	R	3	R	42	5	2	32	0	458
REW MEXICO	1R	1	1	0	12	3	3	6	0	117
OKLAHOMA	23	4	0	4	23	R	4	6	0	158
TEXAR	R2	R	5	4	73	1R	4	49	4	1,243
REGIOR 7	5R•	13•	2•	11•	54•	11•	16•	16•	2•	599•
IOWA	10	1	0	1	10	7	1	1	0	111
KARSAS	R	2	0	2	6	1	2	1	0	101
MISSOURI	RR	R	2	6	29	3	6	14	2	322
REBRASKA	9	2	0	2	9	0	7	0	0	65
REGIOR R	45•	4•	1•	3•	40•	11•	10•	16•	4•	349•
COLORAOO	15	1	0	1	12	5	0	5	4	157
MORTARA	4	0	0	0	4	4	0	0	0	28
RORTH OAKOTA	4	0	0	0	4	1	3	0	0	25
5OUTH OAKOTA	R	0	0	0	6	1	5	0	0	35
UTAH	14	3	1	2	13	0	2	9	0	97
WYOMIRO	1	0	0	0	1	0	0	1	0	7
REGIOR 9	195•	19•	5•	14•	178•	39•	17•	108•	12•	2,306•
ARIZORA	20	3	0	3	20	4	3	10	0	220
CALIFORRIA	151	15	5	10	144	30	10	94	12	1,923
HAWAII	R	1	0	1	R	1	4	2	0	94
REVAOA	3	0	0	0	3	2	0	1	0	56
MEXICO	0	0	0	0	0	0	0	0	0	0
AMERICAR SAMO	1	0	0	0	1	1	0	0	0	2
OUAM	1	0	0	0	1	1	0	0	0	5
SAIPAR	1	0	0	0	1	0	0	1	0	5
REGIOR 10	31•	5•	3•	3•	27•	R•	1•	14•	1•	241•
ALASKA	2	0	0	0	1	0	0	1	1	9
IDAHO	4	0	0	0	4	3	1	0	0	17
OREOON	9	1	0	1	9	3	0	5	0	103
WASHINOTOR	15	5	3	2	13	3	0	R	0	112

TOTAL = 2 + 4 + R
(1) = 2 + 3
(4) = 3 + 5 + 5 + 7

TABLE 3 - NUMBER OF SUPPLIERS OF ESRD SERVICES
FOR ESRD NETWORKS BY TRAINING SERVICE

12/31/84

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
U.S. TOTAL	1,360	904	696	386	743	266
NETWORK 1	11	6	6	1	4	4
2	36	18	16	8	13	6
3	69	47	32	11	39	12
4	106	68	40	14	48	19
5	32	20	19	18	16	6
6	33	21	16	7	18	6
7	32	12	8	6	10	2
8	20	19	18	2	11	1
9	40	32	30	6	20	4
10	41	24	19	6	21	14
11	82	66	26	11	61	22
12	46	23	21	10	13	14
13	22	19	11	10	16	2
14	38	28	26	16	26	4
15	67	61	44	30	38	32
16	14	12	8	3	12	1
17	26	13	10	7	13	1
18	78	42	33	26	39	8
19	91	63	29	19	47	7
20	66	44	29	22	40	11
21	21	14	14	11	12	3
22	66	46	37	19	33	11
23	28	18	16	8	16	4
24	67	46	39	33	38	18
25	70	41	27	10	33	9
26	26	21	20	10	14	3
27	16	16	14	7	14	6
28	39	34	28	17	30	4
29	17	6	6	1	3	2
30	48	36	30	18	31	4
31	19	14	9	9	13	6
32	27	18	18	14	13	14

TABLE 4 - NUMBER OF SUPPLIERS OF ESRD SERVICES FOR HCFA REGIONS BY TRAINING SERVICE

12/31/84

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
U.S. TOTAL	1,360	904	696	386	743	266
REGION 1	66*	60*	42*	24*	44*	9*
CONNECTICUT	16	16	14	7	14	5
MAINE	4	4	4	1	3	0
MASSACHUSETTS	26	21	16	12	19	1
NEW HAMPSHIRE	4	4	3	1	4	1
RHODE ISLAND	5	4	4	3	3	1
VERMONT	1	1	1	0	1	1
REGION 2	139*	85*	89*	34*	82*	28*
NEW JERSEY	27	18	18	14	13	14
NEW YORK	95	51	46	19	45	12
PUERTO RICO	15	5	5	1	3	2
VIRGIN ISLANDS	2	0	0	0	0	0
CANADA	0	0	0	0	0	0
REGION 3	185*	134*	114*	80*	113*	40*
DELAWARE	3	3	2	1	2	0
WASHINGTON DC	15	9	7	3	8	2
MARYLAND	27	20	15	14	19	7
PENNSYLVANIA	87	63	57	44	51	27
VIRGINIA	44	32	28	14	27	4
WEST VIRGINIA	9	7	5	4	5	0
REGION 4	269*	159*	109*	79*	145*	29*
ALABAMA	24	17	14	12	17	3
FLORIDA	91	53	29	19	47	7
GEORGIA	42	31	23	14	28	10
KENTUCKY	15	8	5	3	8	1
MISSISSIPPI	23	8	7	5	7	3
NORTH CAROLINA	21	14	14	11	12	3
SOUTH CAROLINA	22	12	5	7	11	1
TENNESSEE	30	16	10	8	15	1
REGION 5	209*	152*	120*	75*	124*	45*
ILLINOIS	71	53	45	30	40	34
INDIANA	14	12	8	3	12	1
MICHIGAN	41	30	27	15	26	5
MINNESOTA	19	8	5	4	7	1
OHIO	42	30	22	12	24	2
WISCONSIN	22	19	11	10	15	2

TABLE 4 - NUMBER OF SUPPLIERS OF ESRD SERVICES FOR HCFA REGIONS BY TRAINING SERVICE

12/31/84

	NUMBER OF SUPPLIERS					
	TOTAL SUPPLIERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	TOTAL IN-CENTER SELF-CARE UNITS
REGION 6	182*	110*	71*	30*	93*	54*
ARKANSAS	19	14	9	3	12	6
LOUISIANA	45	23	21	10	13	14
NEW MEXICO	13	7	4	2	7	3
OKLAHOMA	23	11	11	4	10	9
TEXAS	82	55	26	11	51	22
REGION 7	58*	51*	48*	7*	29*	3*
IOWA	10	10	10	1	7	0
KANSAS	5	5	5	2	4	0
MISSOURI	33	27	25	3	16	3
NEBRASKA	9	9	8	1	3	0
REGION 8	45*	25*	22*	20*	22*	6*
COLORADO	16	11	11	10	9	2
MONTANA	4	4	4	2	4	1
NORTH DAKOTA	4	0	0	0	0	0
SOUTH DAKOTA	6	2	0	0	2	0
UTAH	14	7	7	7	6	3
WYOMING	1	1	0	1	1	0
REGION 9	195*	124*	89*	31*	102*	37*
ARIZONA	20	14	12	6	11	2
CALIFORNIA	161	102	70	23	84	30
HAWAII	8	4	4	1	4	4
NEVADA	3	3	2	2	3	1
MEXICO	0	0	0	0	0	0
AMERICAN SAMOA	1	0	0	0	0	0
GUAM	1	1	1	0	0	0
SAIPAN	1	0	0	0	0	0
REGION 10	31*	14*	12*	6*	9*	4*
ALASKA	2	1	1	1	0	1
IDAHO	4	1	1	0	1	0
OREGON	9	8	7	3	5	0
WASHINGTON	16	4	3	2	3	3

TABLE 6 - NUMBER OF SUPPLIERS OF ESRD SERVICES
BY ESRD NETWORKS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

12/31/84

		TOTAL	-- TRANSPLANT CENTERS -- TOTAL	U	C	E	UK	-- DIALYSIS CENTERS -- TOTAL	U	C	E	UK	DIALYSIS FACILITY: HOSPITALS TOTAL	U	C	E	UK	NON-HOSPITALS TOTAL	U	C	E	UK
U.S. TOTAL		1668	170	120	40	6	4	668	479	67	16	6	117	92	21	2	2	668	517	142	6	3
NETWORK	1	11	1	1	0	0	0	4	3	0	1	0	4	4	0	0	0	3	1	2	0	0
	2	36	6	2	4	0	0	17	13	1	2	1	1	0	1	0	0	14	9	5	0	0
	3	69	4	3	1	0	0	20	16	1	1	0	6	4	0	1	0	34	29	4	0	1
	4	106	11	9	2	0	0	34	30	4	0	0	5	5	0	0	0	61	48	12	1	0
	5	32	4	3	0	1	0	12	10	0	2	0	5	3	0	0	0	16	12	1	3	0
	6	63	4	2	2	0	0	10	7	2	1	0	6	6	0	0	0	16	12	4	0	0
	7	32	6	3	0	0	0	11	9	1	1	0	10	13	5	0	0	2	2	0	0	0
	8	20	3	2	1	0	0	11	10	0	1	0	7	6	0	0	1	2	2	0	0	0
	9	40	10	6	3	0	2	16	12	1	0	2	7	6	0	0	1	16	10	6	0	0
	10	41	6	2	3	1	0	21	17	3	1	0	4	2	1	1	0	16	13	3	0	0
	11	82	9	6	3	0	0	24	21	3	0	0	4	3	1	0	0	49	46	3	0	0
	12	46	6	3	2	0	1	8	7	0	0	1	2	2	0	0	0	32	23	9	0	0
	13	22	2	2	0	0	0	17	16	0	0	1	4	3	1	0	0	1	1	0	0	0
	14	38	10	7	3	0	0	23	23	0	0	0	6	6	1	0	0	8	7	1	0	0
	15	67	7	6	2	0	0	30	28	1	1	0	8	7	1	0	0	29	27	2	0	0
	16	14	2	2	0	0	0	12	11	1	0	0	1	0	1	0	0	1	0	1	0	0
	17	26	6	4	2	0	0	7	6	0	1	0	3	3	0	0	0	16	13	2	0	0
	18	78	6	4	1	1	0	13	12	1	0	0	3	6	0	0	0	60	45	14	1	0
	19	91	4	4	0	0	0	21	20	1	0	0	3	1	2	0	0	67	47	20	0	0
	20	66	4	2	2	0	0	9	8	1	0	0	4	4	0	0	0	52	38	14	0	0
	21	21	6	4	1	0	0	6	6	1	0	0	0	0	0	0	0	15	14	1	0	0
	22	68	7	6	0	1	0	29	26	1	2	0	4	2	2	0	0	22	16	6	0	0
	23	28	6	4	0	1	0	11	10	0	0	1	1	0	1	0	0	16	13	2	1	0
	24	67	8	4	3	0	1	36	28	8	0	0	0	0	0	0	0	31	28	3	0	0
	25	70	7	6	1	0	0	47	35	12	0	0	4	6	1	0	0	18	12	6	0	0
	26	26	6	6	0	1	0	21	17	4	0	0	2	2	0	0	0	3	0	3	0	0
	27	16	2	2	0	0	0	14	13	1	0	0	0	0	0	0	0	2	1	0	0	1
	28	39	10	8	2	0	0	23	20	3	0	0	3	2	1	0	0	16	12	1	0	0
	29	17	2	0	2	0	0	10	5	3	2	0	0	0	0	0	0	7	3	4	0	0
	60	48	4	4	0	0	0	16	16	0	0	0	3	1	2	0	0	30	20	9	0	1
	61	19	3	3	0	0	0	7	7	0	0	0	1	1	0	0	0	11	7	4	0	0
	62	27	3	3	0	0	0	20	17	3	0	0	1	1	0	0	0	6	6	0	0	0

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 6 - NUMBER OF SUPPLIERS OF ESRD SERVICES
BY HCFA REGIONS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

12/31/84

		-- TRANSPLANT CENTERS --					-- DIALYSIS CENTERS ----					---------- DIALYSIS FACILITY ----------									
												------ HOSPITALS - ------					---- NON-HOSPITALS ----				
	TOTAL	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK
U.S. TOTAL	1368	170	120	40	6	4	558	479	57	16	6	117	92	21	2	2	668	517	142	6	5
REGION 1	55*	12	10	2	0	0*	37	33	4	0	0*	3	2	1	0	0*	15	13	1	0	1*
CONNECTICUT	15	2	2	0	0	0	14	13	1	0	0	0	0	0	0	0	2	1	0	0	1
MAINE	4	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0	1	1	0	0	0
MASSACHUSETT	25	8	6	2	0	0	16	13	2	0	0	3	2	1	0	0	7	7	0	0	0
NEW HAMPSHIR	4	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	1	1	0	0
RHODE ISLAND	5	0	0	0	0	0	2	1	1	0	0	0	0	0	0	0	5	3	0	0	0
VERMONT	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
REGION 2	139*	18	14	3	1	0*	97	73	22	2	0*	7	6	1	0	0*	34	21	13	0	0*
NEW JERSEY	27	3	3	0	0	0	20	17	5	0	0	1	1	0	0	0	6	6	0	0	0
NEW YORK	95	15	11	1	1	0	67	51	16	0	0	6	5	1	0	0	21	12	9	0	0
PUERTO RICO	15	1	0	1	0	0	8	3	3	2	0	0	0	0	0	0	7	3	4	0	0
VIRGIN ISLAN	2	1	0	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0
CANADA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
REGION 3	185*	21	16	3	1	1*	77	68	8	0	1*	6	3	3	0	0*	102	76	24	1	1*
DELAWARE	3	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	2	2	0	0	0
WASHINGTON D	15	5	4	0	1	0	7	6	0	0	1	1	0	1	0	0	7	5	2	0	0
MARYLAND	27	3	5	0	0	0	10	10	0	0	0	1	1	0	0	0	16	11	4	1	0
PENNSYLVANIA	87	9	5	3	0	1	43	35	8	0	0	1	1	0	0	0	43	34	9	0	0
VIRGINIA	44	4	4	0	0	0	12	12	0	0	0	2	1	1	0	0	30	21	8	0	1
WEST VIRGINI	9	0	0	0	0	0	4	4	0	0	0	1	0	1	0	0	4	5	1	0	0
REGION 4	269*	21	16	4	1	0*	51	47	4	0	0*	11	9	2	0	0*	205	153	51	1	0*
ALABAMA	24	2	1	1	0	0	6	5	1	0	0	0	0	0	0	0	18	15	3	0	0
FLORIDA	91	4	4	0	0	0	21	20	1	0	0	3	1	2	0	0	67	47	20	0	0
GEORGIA	42	3	1	2	0	0	6	5	1	0	0	4	4	0	0	0	32	23	9	0	0
KENTUCKY	16	2	2	0	0	0	2	2	0	0	0	3	3	0	0	0	11	9	2	0	0
MISSISSIPPI	23	1	1	0	0	0	2	2	0	0	0	1	1	0	0	0	20	16	3	1	0
NORTH CAROLI	21	5	4	1	0	0	6	5	1	0	0	0	0	0	0	0	15	14	1	0	0
SOUTH CAROLI	22	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0	19	15	4	0	0
TENNESSEE	30	3	2	0	1	0	5	5	0	0	0	0	0	0	0	0	23	14	9	0	0
REGION 5	209*	34	26	7	1	0*	120	109	4	6	1*	32	22	10	0	0*	55	51	4	0	0*
ILLINOIS	71	7	5	2	0	0	32	29	1	2	0	8	7	1	0	0	31	29	2	0	0
INDIANA	14	2	2	0	0	0	12	11	1	0	0	1	0	1	0	0	1	0	1	0	0
MICHIGAN	41	10	7	3	0	0	25	24	0	1	0	7	6	1	0	0	8	7	1	0	0
MINNESOTA	19	3	3	0	0	0	7	6	1	0	0	5	5	4	0	0	2	2	0	0	0
OHIO	42	10	7	2	1	0	27	23	1	3	0	3	1	2	0	0	12	12	0	0	0
WISCONSIN	22	2	2	0	0	0	17	16	0	0	1	4	3	1	0	0	1	1	0	0	0

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 6 - NUMBER OF SUPPLIERS OF ESRD SERVICES
BY HCFA REGIONS BY MINIMUM UTILIZATION RATES (MUR) CLASSIFICATION AND SERVICE TYPE

		DIALYSIS FACILITY																			
		TRANSPLANT CENTERS					DIALYSIS CENTERS					HOSPITALS					NON-HOSPITALS				
	TOTAL	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK	TOTAL	U	C	E	UK
REGION 6	182*	22	12	0	1	1*	56	47	7	1	1*	14	11	2	1	0*	103	87	16	0	0*
ARKANSAS	19	2	0	1	1	0	0	5	2	1	0	1	1	0	0	0	10	8	2	0	0
LOUISIANA	45	6	3	2	0	1	0	7	0	0	1	2	2	0	0	0	32	23	9	0	0
NEW MEXICO	13	1	1	0	0	0	3	2	1	0	0	3	3	0	0	0	6	5	1	0	0
OKLAHOMA	23	4	2	2	0	0	13	12	1	0	0	4	2	1	1	0	5	5	1	0	0
TEXAS	82	9	6	3	0	0	24	21	3	0	0	4	3	1	0	0	49	46	3	0	0
REGION 7	58*	13	7	4	0	2*	24	21	1	0	2*	16	14	0	0	2*	16	10	5	0	0*
IOWA	10	1	1	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0
KANSAS	6	2	1	1	0	0	3	3	0	0	0	2	2	0	0	0	1	1	0	0	0
MISSOURI	33	8	4	2	0	2	11	8	1	0	2	6	5	0	0	1	14	8	6	0	0
NEBRASKA	9	2	1	1	0	0	2	2	0	0	0	7	6	0	0	1	0	0	0	0	0
REGION 8	45*	4	3	0	1	0*	18	16	0	2	0*	10	9	1	0	0*	15	12	1	3	0*
COLORADO	16	1	1	0	0	0	10	8	0	2	0	0	0	0	0	0	5	5	0	0	0
MONTANA	4	0	0	0	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0
NORTH DAKOTA	4	0	0	0	0	0	1	1	0	0	0	3	3	0	0	0	0	0	0	0	0
SOUTH DAKOTA	6	0	0	0	0	0	1	1	0	0	0	5	4	1	0	0	0	0	0	0	0
UTAH	14	3	2	0	1	0	2	2	0	0	0	2	2	0	0	0	9	6	1	2	0
WYOMING	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0
REGION 9	195*	19	14	5	0	0*	65	55	6	3	0*	17	15	0	1	0*	108	85	21	1	1*
ARIZONA	20	3	1	2	0	0	7	5	1	1	0	3	3	0	0	0	10	7	3	0	0
CALIFORNIA	161	15	12	3	0	0	52	45	5	1	0	10	9	0	1	0	94	77	15	1	1
HAWAII	8	1	1	0	0	0	2	2	0	0	0	4	4	0	0	0	2	1	1	0	0
NEVADA	3	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	1	0	1	0	0
MEXICO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AMERICAN SAM	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
GUAM	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
SAIPAN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
REGION 10	31*	6	2	4	0	0*	13	9	1	2	1*	1	0	1	0	0*	14	9	5	0	0*
ALASKA	2	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	1	0	0
IDAHO	4	0	0	0	0	0	3	2	0	0	1	1	0	1	0	0	0	0	0	0	0
OREGON	9	1	1	0	0	0	4	4	0	0	0	0	0	0	0	0	5	4	1	0	0
WASHINGTON	16	5	1	4	0	0	5	3	1	1	0	0	0	0	0	0	8	5	3	0	0

** MUR CODES ** U = UNCONDITIONAL, C = CONDITIONAL, E = EXCEPTION, UK = UNKNOWN

TABLE 7 - NUMBER OF SUPPLIERS OF MAINTENANCE DIALYSIS SERVICES
SUMMARIZED BY PROFIT AND NON-PROFIT

12/31/84

	T-O-T-A-L			P-R-O-F-I-T			NON-PROFIT			
	PROVIDERS	PROFIT	NONPROFIT	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	UNKNOWN
U.S. TOTALS	1,290	544	746	13	2	529	671	36	139	0
REGION 1	56*	13*	42*	0*	0*	13*	38*	2*	2*	0*
CONNECTICUT	16	2	14	0	0	2	14	0	0	0
MAINE	4	1	3	0	0	1	3	0	0	0
MASSACHUSETTS	25	6	19	0	0	6	15	2	1	0
NEW HAMPSHIRE	4	2	2	0	0	2	2	0	0	0
RHODE ISLAND	5	2	3	0	0	2	2	0	1	0
VERMONT	1	0	1	0	0	0	1	0	0	0
REGION 2	138*	24*	114*	0*	0*	24*	101*	3*	10*	0*
NEW JERSEY	27	6	21	0	0	5	21	0	0	0
NEW YORK	94	11	83	0	0	11	70	3	10	0
PUERTO RICO	15	7	8	0	0	7	8	0	0	0
VIRGIN ISLANDS	2	0	2	0	0	0	2	0	0	0
CANADA	0	0	0	0	0	0	0	0	0	0
REGION 3	177*	96*	82*	3*	0*	92*	70*	2*	10*	0*
DELAWARE	3	3	0	1	0	2	0	0	0	0
WASHINGTON DC	14	7	7	0	0	7	5	1	0	0
MARYLAND	27	14	13	1	0	13	10	0	3	0
PENNSYLVANIA	80	39	41	1	0	38	36	0	5	0
VIRGINIA	44	29	15	0	0	29	13	1	1	0
WEST VIRGINIA	9	3	5	0	0	3	5	0	1	0
REGION 4	268*	158*	100*	3*	0*	155*	50*	0*	50*	0*
ALABAMA	23	17	6	0	0	17	5	0	1	0
FLORIDA	85	60	25	3	0	57	15	0	10	0
GEORGIA	42	28	14	0	0	28	10	0	4	0
KENTUCKY	16	5	11	0	0	5	5	0	6	0
MISSISSIPPI	23	6	17	0	0	6	3	0	14	0
NORTH CAROLINA	21	13	8	0	0	13	5	0	2	0
SOUTH CAROLINA	21	15	6	0	0	15	2	0	3	0
TENNESSEE	27	13	14	0	0	13	4	0	10	0
REGION 5	195*	42*	153*	1*	1*	40*	125*	13*	15*	0*
ILLINOIS	63	28	35	0	0	28	24	8	3	0
INDIANA	14	1	13	0	0	1	12	1	0	0
MICHIGAN	38	6	32	0	1	5	28	1	3	0
MINNESOTA	17	0	17	0	0	0	13	2	2	0
OHIO	42	6	35	1	0	6	28	1	7	0
WISCONSIN	21	1	20	0	0	1	20	0	0	0

TABLE 7 - NUMBER OF SUPPLIERS OF MAINTENANCE DIALYSIS SERVICES SUMMARIZED BY PROFIT AND NON-PROFIT

12/31/84

	T-O-T-A-L			P-R-O-F-I-T			NON-PROFIT			
	PROVIDERS	PROFIT	NONPROFIT	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	HOSPITALS	HOSPITAL SATELLITES	FREE-STANDING	UNKNOWN
REGION 6	168*	101*	67*	4*	0*	97*	61*	0*	6*	0*
ARKANSAS	18	9	9	0	0	9	8	0	1	0
LOUISIANA	42	32	10	0	0	32	10	0	0	0
NEW MEXICO	12	7	5	2	0	5	4	0	1	0
OKLAHOMA	23	6	17	1	0	5	16	0	1	0
TEXAS	73	47	26	1	0	46	23	0	3	0
REGION 7	54*	3*	51*	0*	0*	3*	36*	2*	13*	0*
IOWA	10	1	9	0	0	1	9	0	0	0
KANSAS	6	0	6	0	0	0	4	1	1	0
MISSOURI	29	2	27	0	0	2	14	1	12	0
NEBRASKA	9	0	9	0	0	0	9	0	0	0
REGION 8	40*	10*	30*	0*	0*	10*	22*	2*	6*	0*
COLORADO	12	6	6	0	0	6	6	0	0	0
MONTANA	4	0	4	0	0	0	4	0	0	0
NORTH DAKOTA	4	0	4	0	0	0	4	0	0	0
SOUTH DAKOTA	6	0	6	0	0	0	6	0	0	0
UTAH	13	3	10	0	0	3	2	2	6	0
WYOMING	1	1	0	0	0	1	0	0	0	0
REGION 9	178*	95*	83*	2*	1*	92*	55*	12*	16*	0*
ARIZONA	20	8	12	0	0	8	7	3	2	0
CALIFORNIA	144	84	60	2	1	81	42	6	13	0
HAWAII	8	2	6	0	0	2	2	4	0	0
NEVADA	3	1	2	0	0	1	2	0	0	0
MEXICO	0	0	0	0	0	0	0	0	0	0
AMERICAN SAMOA	1	0	1	0	0	0	1	0	0	0
GUAM	1	0	1	0	0	0	1	0	0	0
SAIPAN	1	0	1	0	0	0	0	0	1	0
REGION 10	27*	3*	24*	0*	0*	3*	13*	0*	11*	0*
ALASKA	1	0	1	0	0	0	0	0	1	0
IDAHO	4	0	4	0	0	0	4	0	0	0
OREGON	9	3	6	0	0	3	4	0	2	0
WASHINGTON	13	0	13	0	0	0	5	0	8	0

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

BACKUP HOSPITAL - A hospital with whom a dialysis facility has a written agreement under which inpatient hospital care or other hospital services are available promptly to the dialysis facility's patients when needed.

CAPD - Continuous Ambulatory Peritoneal Dialysis -A type of peritoneal dialysis whereby the patient dialyzes at home, using special supplies, but without the need for a machine.

CROSS-REFER-NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

HSA - Health Systems Agency

INPATIENT CARE ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

MSA - Metropolitan Statistical Area

PERITONEAL DIALYSIS - A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdominal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
26 in 3rd and 4th positions = Independent renal facilities
33 in 3rd and 4th positions = Children's hospital
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Example:
01 0001 = Hospital in Alabama
05 2500 = Independent in California
14 3500 = Hospital Satellite in Illinois

RENAL NETWORK - An approved organized group of ESRD facilities in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served.

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

SPECIAL PURPOSE FACILITY - A renal dialysis facility which is approved to furnish dialysis at special locations on a short-term basis to a group of dialysis patients otherwise unable to obtain treatment in the geographical area. The special locations must be either special rehabilitative (including vacation) locations service ESRD patients temporarily residing there, or locations in need of ESRD facilities under emergency circumstances.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical speciality services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

ADDENDUM

The following facilities have been omitted from the National Listing either because of a systems problem or because the notice of approval was received too late to be included. These facilities are not reflected in any tables or exhibits.

Memorial Hospital Center
2801 Atlantic Ave.
Long Beach CA 90801
Provider No: 053508
Renal Network: 04

Approved as:	Renal Dialysis Facility-Hospital
Services:	Staff-Assisted Hemodialysis
Date Approved:	07/08/84
Total Stations:	05

Dialysis Clinic Inc.
710 Front Ave.
Columbus GA 31904
Provider No: 112530
Renal Network: 20

Approved as:	Renal Dialysis Facility
Services:	Staff-Assisted Hemodialysis Staff-Assisted Peritoneal Dialysis Hemodialysis Training Peritoneal Training CAPD
Date Approved:	08/17/83
Total Stations:	25

St Charles General Hosp.
3700 St. Charles Ave.
New Orleans LA 70115
Provider No: 190158
Renal Network: 12

Approved as:	Renal Dialysis Facility-Hospital
Services:	Staff-Assisted Hemodialysis
Date Approved:	01/11/82
Total Stations:	04

East Memphis Kidney Clinic Inc.
6005 Park, Suite 307
Memphis TN 38117
Provider No: 442524
Renal Network: 18

Approved as:	Renal Dialysis Facility
Services:	Staff-Assisted Hemodialysis Staff-Assisted Peritoneal Dialysis
Date Approved:	02/09/84
Total Stations:	06

North Knoxville Dialysis Ctr. Inc.
4440 Walker Blvd. Box 5631
Knoxville TN 37928
Provider No: 442527
Renal Network: 18

Approved as:	Renal Dialysis Facility
Services:	Staff-Assisted Hemodialysis Staff-Assisted Peritoneal Dilaysis CAPD
Date Approved:	10/10/84
Total Stations:	10

REDIONAL DIALYSIS OF ANNISTON
7DD QUINTARD AVE
ANNISTON AL 362D1
INTERMEDIARY NO: DDD1D
RENAL NETWORN = 18
PROVIDER NO: D12611
BACKUP HOSPITAL: D1DD33
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REDION: D4 HSA:
DATE APPROVED: 800721 MSA: D48D
NUMBER OF DIALYSIS STATIONS: DD8

COMMUNITY DIALYSIS SERVICES
1DD6 W MARKET ST #I7
ATHENS AL 35611
INTERMEDIARY NO: DDD1D
RENAL NETWORN = 18
PROVIDER NO: D12617
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REDION: D4 HSA:
DATE APPROVED: 83D121 MSA: DDDD
NUMBER OF DIALYSIS STATIONS: DD8

UNIVERSITY OF ALABAMA HOSP-
18D9 6TH AVE SOUTH
BIRMINDHAM AL 35294
INTERMEDIARY NO: DDD1D
RENAL NETWORK = 18
PROVIDER NO: D1DD33
CROSS-REFERENCE: D123DD
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REDION: D4 HSA: D3
DATE APPROVED: 76D9D1 MSA: 1000
NUMBER OF DIALYSIS STATIONS: D42
TRANSPLANT-UNCONDITIONAL

BAPTIST MEDICAL CTR PRINCETON
7D1 PRINCETON AVE SW
BIRMINGHAM AL 352II
INTERMEDIARY NO: DDD1D
RENAL NETWORK = 18
PROVIDER NO: D1D1D3
CROSS-REFERENCE: D123D4
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: D4 HSA: D3
DATE APPROVED: 77OT15 MSA: 1DDD
NUMBER OF DIALYSIS STATIONS: 014

CHILDRENS HOSPITAL OF ALABAMA
16DD 7TH AVE SOUTH
BIRMINGHAM AL 35233
INTERMEDIARY NO: DDD1D
RENAL NETWORK = 18
PROVIDER NO: D1D141
CROSS-REFERENCE: D123D6
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: D4 HSA: D3
DATE APPROVED: 82111T MSA: 1DDD
NUMBER OF DIALYSIS STATIONS: DD6
TRANSPLANT-CONDITIONAL

COMMUNITY DIALYSIS SERVICES OF BIRM
9228 PARKWAY EAST
BIRMINGHAM AL 352D6
INTERMEDIARY NO: DDD1D
RENAL NETWORK = 18
PROVIDER NO: D125D8
BACKUP HOSPITAL: D1DD33
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REDION: D4 HSA:
DATE APPROVED: T9D628 MSA: 1DDD
NUMBER OF DIALYSIS STATIONS: DD8

THE NORWOOD CLINIC INC
16DD N 26TH ST
BIRMINGHAM AL 35283
INTERMEDIARY NO: DDD1D
RENAL NETWORK = 18
PROVIDER NO: D12616
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REDION: D4 HSA:
DATE APPROVED: 8212D2 MSA: 1DDD
NUMBER OF DIALYSIS STATIONS: D12

STATE = ALABAMA

RENAL PROVIDER LIST AS OF 12/31/84

OIALYSIS FACILITY OF SOUTH ALASAMA
1203 BELLEVILLE AVENUE
BREWTON AL 36426
INTERMEDIARY NO: 00010
RENAL NETWORK = 1N
PROVIDER NO: 012510

BACKUP HOSPITAL: 010051
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 800229
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 0000

VALLEY OIALYSIS CENTER INC.
1N06 CARNIOALE ST
DECATUR AL 35601
INTERMEDIARY NO: 00010
RENAL NETWORK = 1N
PROVIDER NO: 012518

APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 831207
NUMBER OF DIALYSIS STATIONS: 006
HSA:
MSA: 0000

COMMUNITY OIALYSIS SVCS OF DOTHAN
1513 EAST MAIN ST
DOTHAN AL 36301
INTERMEDIARY NO: 00010
RENAL NETWORK = 1N
PROVIDER NO: 012506

BACKUP HOSPITAL: 010033
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 771128
NUMBER OF DIALYSIS STATIONS: 012
HSA: 05
MSA: 2180

COMMUNITY OIALYSIS SVCS-N CENTRAL AL
401 S FIRST ST
OADSOEN AL 35902
INTERMEDIARY NO: 00010
RENAL NETWORK = 1S
PROVIDER NO: 012501

BACKUP HOSPITAL: 010033
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 015
HSA: 04
MSA: 2880

HUNTSVILLE HOSP
101 SIVELY RO
HUNTSVILLE AL 35801
INTERMEDIARY NO: 00010
RENAL NETWORK = 1S
PROVIDER NO: 010039

CROSS-REFERENCE: 012301
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 017
HSA: 01
MSA: 3440

NORTH ALA NEPHROLOGY CENTER
411 ENOEL ORIVE
HUNTSVILLE AL 35801
INTERMEDIARY NO: 00010
RENAL NETWORK = 1S
PROVIDER NO: 012509

BACKUP HOSPITAL: 010033
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 790718
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 3440

BMA OF CHATTAHOOCHEE INC
SUITE 19 MEDICAL PARK
LANOOALE AL 36864
INTERMEDIARY NO: 00010
RENAL NETWORK = 1S
PROVIDER NO: 012513

BACKUP HOSPITAL: 010119
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810212
NUMBER OF DIALYSIS STATIONS: 005
HSA: 04
MSA: 0000

PROVIDENCE HOSP
1504 SPRINGHILL AVE
MOBILE AL 36604
INTERMEDIARY NO: 00D1D
RENAL NETWORK = 1B
PROVIDER NO: 010D9D
CROSS-REFENENCE: D123D3
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 031

BIO MEDICAL APPLICATIONS OF MOBILE INC
1563 SPRINGHILL AVE
MOBILE AL 36604
INTERMEDIARY NO: 00D1D
RENAL NETWORK = 1B
PROVIDER NO: 012507
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790104 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 012

ST MARGARETS HOSP
834 ADAMS AVE
MONTGOMERY AL 36104
INTERMEDIARY NO: 00D1D
RENAL NETWORK = 1B
PROVIDER NO: D10081
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 781101 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 000

MONTGOMERY NEPHROLOGY REFERRAL CENTER
303 SOUTH RIPLEY ST. SUITE 2000
MONTGOMERY AL 36197
INTERMEDIARY NO: 00D10
RENAL NETWORK = 1B
PROVIDER NO: 012500
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 026

COMMUNITY DIALYSIS SVCS-CENTRAL AL
3920 GOVERNORS DR
MONTGOMERY AL 36111
INTERMEDIARY NO: 00D10
RENAL NETWORK = 1B
PROVIDER NO: 012505
BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 05
DATE APPROVED: 771214 MSA: 5240
NUMBER OF DIALYSIS STATIONS: 015

OPELIKA NEPHROLOGY REFERRAL CENTER INC
122 NORTH 20TH STREET
OPELIKA AL 36802
INTERMEDIARY NO: 0001D
RENAL NETWORK = 1B
PROVIDER NO: D12515
BACKUP HOSPITAL: 010029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820907 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS CTR OF PHENIX CITY
1700 21ST COURT SUITE 102
PHENIX CITY AL 36867
INTERMEDIARY NO: 00D10
RENAL NETWORK = 20
PROVIDER NO: 012514
BACKUP HOSPITAL: 010031
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 810318 MSA: 1800
NUMBER OF DIALYSIS STATIONS: 01D

STATE = ALABAMA

RERAL PROVIDER LIST AS OF 12/31/84

SELMA NEPHROLOGY REFERRAL CTR INC.
1019 MEDICAL CENTER PARKWAY
SELMA AL 36701
INTERMEDIARY NO: 00010
RERAL NETWORK = 15
PROVIDER NO: 012612

BACKUP HOSPITAL: 010056
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-URCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 800825
NUMBER OF DIALYSIS STATIONS: 011

HSA:
MSA: 0000

COMMURITY DIALYSIS SVCS-RW ALABAMA
1110 SO MONTGOMERY
SHEFFIELD AL 35660
INTERMEDIARY NO: 00010
RERAL NETWORK = 10
PROVIDER NO: 012503

BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-URCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 771013
NUMBER OF DIALYSIS STATIONS: 015

HSA: 01
MSA: 2650

REGIONAL DIALYSIS CTR OF UCH INC
015 UNIVERSITY BLVD-BOX 2303
TUSCALOOSA AL 35403
INTERMEDIARY NO: 00010
RERAL NETWORK = 10
PROVIDER NO: 012502

BACKUP HOSPITAL: 010033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-URCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 771021
NUMBER OF DIALYSIS STATIONS: 017

HSA: 02
MSA: 8600

PROVIDENCE HOSPITAL
3200 PROVIDENCE DRIVE
ANCHORAGE AK 99504
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 020001

CROSS-REFERENCE: 022500
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 0380
NUMBER OF DIALYSIS STATIONS: 002

ALASKA KIDNEY CENTER
4000 LAUREL ST
ANCHORAGE AK 99504
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 022500

BACKUP HOSPITAL: 020001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 0380
NUMBER OF DIALYSIS STATIONS: 007

STATE = ARIZONA

RENAL PHOVIOEN LIST AS OF I2/3I/84

VENOE VALLEY OIALYSIS CENTER
202 S WILLARO ST-BOK 540
COTTONWOOO AZ 86326
INTERMEOIARY NO: 00030
RENAL NETWONK = 05
PROVIOER NO: 032511

APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CANE SERVICES:
TNAININO SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 830927
NUMBER OF OIALYSIS STATIONS: 007

HSA:
MSA: 0000

OLENOALE OUTPATIENT OIALYSIS CTR
5004 W NORTHERN AVE
OLENOALE AZ 85301
INTERMEOIARY NO: 00030
RENAL NETWORK = 05
PROVIOER NO: 033502

BACKUP HOSPITAL: 030002
APPNOVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SENVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 09
OATE APPROVED: 770812
NUMBER OF OIALYSIS STATIONS: 014

HSA: 01
MSA: 0000

OESERT SAMARITAN HOSP & HLTH CTR
I400 SOUTH OOOSON NOAO
MESA AZ 85202
INTERMEOIARY NO: 00030
RENAL NETWORK = 05
PROVIOER NO: 030065

CROSS-REFENENCE: 032306
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 801I14
NUMBER OF OIALYSIS STATIONS: 003

HSA:
MSA: 6200

EAST VALLEY OIALYSIS SERVICES
5553 EAST OAYWOOO
MESA AZ 85205
INTERMEOIARY NO: 00030
RENAL NETWORK = 05
PROVIOER NO: 032509

APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAININO SERVICES: HEMOOIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 82II08
NUMBER OF OIALYSIS STATIONS: 015

HSA:
MSA: 6200

OOOSON MESA MEM OUTPATIENT OIAL FAC
1500 SOUTH OOOSON RO
MESA AZ 85202
INTERMEOIARY NO: 00030
RENAL NETWORK = 06
PROVIOER NO: 033501

BACKUP HOSPITAL: 030002
APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 770818
NUMBER OF OIALYSIS STATIONS: 014

HSA: 01
MSA: 6200

PHOENIX ARTIFICIAL KIONEY CENTER
13460 N 94TH ORIVE
PEORIA AZ 85345
INTERMEOIARY NO: 00030
RENAL NETWORK = 06
PROVIOER NO: 032503

BACKUP HOSPITAL: 030002
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 790326
NUMBER OF OIALYSIS STATIONS: 018

HSA:
MSA: 6200

OOOO SAMARITAN MED CTR
1III E. MCOOWELL RO,925 BLOO
PHOENIX AZ 85006
INTERMEOIARY NO: 00030
RENAL NETWORK = 06
PROVIOER NO: 030002

CROSS-REFERENCE: 032300
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 09
OATE APPROVEO: 770812
NUMBER OF OIALYSIS STATIONS: 009

TRANSPLANT-UNCONOITIONAL

HSA: 01
MSA: 6200

MARICOPA MEDICAL CENTER
2601 E ROOSEVELT
PHOENIX AZ 85008
INTERMEDIARY NO: 00030
RENAL NETWORK = 05
PROVIDER NO: 030022

CROSS-REFERENCE: 032302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770818 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 009

ST JOSEPHS HOSP & MEDICAL CENTER
350 W THOMAS RD
PHOENIX AZ 85013
INTERMEDIARY NO: 00030
RENAL NETWORK = 05
PROVIDER NO: 030024

CROSS-REFERENCE: 032303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 830721 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-CONDITIONAL

SOUTH PHOENIX DIALYSIS SVCS
1332 SOUTH 5TH AVE
PHOENIX AZ 85003
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032608

BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 811220 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 011

LINCOLN DIALYSIS CENTER
34 EAST SUNNYSLOPE LANE
PHOENIX AZ 85020
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032610

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 821123 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 006

PHOENIX OUT PATIENT DIALYSIS CTR
1101 EAST WILLETTA
PHOENIX AZ 85006
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 033600

BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770812 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 021

SCOTTSDALE DIALYSIS CENTER
7321 E OSBORN RD
SCOTTSDALE AZ 86251
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032604

BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 790601 MSA: 6200
NUMBER OF DIALYSIS STATIONS: 018

TUBA CITY DIALYSIS UNIT
CEDAR STREE,BOX 2905
TUBA CITY AZ 86045
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 032606

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 810616 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

STATE = ARIZONA — RENAL PROVIDER LIST AS OF 12/31/84

ST MARYS HOSP & HEALTH CTR
1501 W ST MARYS RD
TUCSON AZ 85703
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030010

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 820308 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 000

UNIV HOSP ARIZONA HLTH SCIENCES CTR
1501 N CAMPBELL
TUCSON AZ 85724
INTERMEDIARY NO: 00030
RENAL NETWORK = 06
PROVIDER NO: 030064

CROSS-REFERENCE: 032304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 02
DATE APPROVED: 770812 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 003

TRANSPLANT-CONDITIONAL

VA HOSP
3501 S 6TH ST
TUCSON AZ 85723
INTERMEDIARY NO: 99990
RENAL NETWORK = 06
PROVIDER NO: 03013F

CROSS-REFERENCE: 032305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 09 HSA: 02
DATE APPROVED: 770829 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 009

TRANSPLANT-CONDITIONAL

ARTIFICAL KIDNEY CENTER-CENTRAL
2504 EAST ELM STREET
TUCSON AZ 85715
INTERMEDIARY NO: 00030
RENAL NETWORK = 05
PROVIDER NO: 032500

BACKUP HOSPITAL: 030054
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 02
DATE APPROVED: 770812 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 016

ARTIFICAL KIDNEY CENTER EAST
5200 EAST GRANT RD, BLDG 500
TUCSON AZ 85712
INTERMEDIARY NO: 00030
RENAL NETWORK = 05
PROVIDER NO: 032501

BACKUP HOSPITAL: 030054
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 02
DATE APPROVED: 780305 MSA: 8520
NUMBER OF DIALYSIS STATIONS: 02T

COMMUNITY DIALYSIS SERVICES OF YUMA
1230 WEST 24TH ST.,SUITE 2
YUMA AZ 85354
INTERMEDIARY NO: 00030
RENAL NETWORK = 05
PROVIDER NO: 032502

BACKUP HOSPITAL: 030002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 05
DATE APPROVED: 781004 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF EL DORADO
317 THOMPSON ST
EL DORADO AR 71730
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042503
BACKUP HOSPITAL: 040015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790403 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

WASHINGTON REGIONAL MED CTR
1125 N. COLLEGE
FAYETTEVILLE AR 72701
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040004
CROSS-REFERENCE: 042300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 007

SPARKS REGIONAL MEDICAL CENTER
1311 S "I" ST
FT SMITH AR 72301
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040055
CROSS-REFERENCE: 042306
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 2720
NUMBER OF DIALYSIS STATIONS: 005

HOLT KROCK DIALYSIS CENTER
1500 DODSON AVE
FT SMITH SEBASTIANAR 72901
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042501
BACKUP HOSPITAL: 040055
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 2720
NUMBER OF DIALYSIS STATIONS: 017

KIDNEY CARE INC.
409 HIGHWAY 49
HELENA AR 72801
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042510
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 840314 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

OUACHITA REGIONAL DIALYSIS CTR INC
PO BOX 1034
HOT SPRINGS AR 71901
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042507
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 820412 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

ST BERNARDS REGIONAL MEDICAL CTR
224 E MATTHEWS
JONESBORO AR 72401
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040020
CROSS-REFERENCE: 042303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 780905 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

STATE = ARKANSAS

RENAL PROVIDER LIST AS OF 12/31/84

ST VINCENT INFIRMARY
MANKHAM & UNIVERSITY
LITTLE ROCK AR 72201
INTERMEDIANY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040007

CROSS-REFENENCE: 042311
APPNOVED AS: DIALYSIS CENTEN
STAFF-ASSISTED SENVICES: HEMODIALYSIS, PERITONEAL
SELF-CANE SENVICES:
TNAININO SENVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNENSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: 06
DATE APPNOVED: 810410
NUMBEN OF DIALYSIS STATIONS: 009

HSA:
MSA: 4400

UNIVERSITY OF ARKANSAS HOSP
4301 W MANKHAM
LITTLE ROCK AR 72201
INTERMEDIANY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040016

CROSS-REFERENCE: 042302
APPNOVED AS: TNANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SENVICES: HEMODIALYSIS, PERITONEAL
SELF-CANE SENVICES:
TNAININO SENVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNENSHIP: STATE-OOVERNMENT NON-FEDERAL

HCFA REOION: 06
DATE APPNOVED: 770831
NUMBEN OF DIALYSIS STATIONS: 009

TRANSPLANT-CONDITIONAL

HSA: 03
MSA: 4400

VA HOSP
300 E ROOSEVELT RO
LITTLE ROCK AR 72206
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 04010F

CROSS-NEFERENCE: 042308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TNAININO SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - OOVERNMENT FEDERAL

HCFA REOION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 003

HSA: 03
MSA: 4400

BAPTIST MEDICAL CENTER
9501 INTERSTATE 630 EXIT 7
LITTLE ROCK AR 72207
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040114

CROSS-REFERENCE: 042309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 007

HSA: 03
MSA: 4400

ARKANSAS CHILDRENS HOSP
804 WOLFE ST
LITTLE ROCK AR 72201
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 040117

CROSS-REFERENCE: 042310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES:
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: 06
DATE APPROVED: 790111
NUMBER OF DIALYSIS STATIONS: 004

TRANSPLANT-EXCEPTION

HSA:
MSA: 4400

BIO-MEDICAL APPLICATIONS OF ARKANSAS
5326 W MARCKHAM SUITE 5
LITTLE ROCK AR 72205
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042600

BACKUP HOSPITAL: 040015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 020

HSA: 03
MSA: 4400

LITTLE ROCK HEMODIALYSIS CENTER
9501 LILE DRIVE
LITTLE ROCK AR 72205
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042602

BACKUP HOSPITAL: 040114
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 015

HSA: 03
MSA: 4400

COMMUNITY DIALYSIS OF MOUNTAIN HOME
CLO PLZ SHOPPING CTR HWY 62 E :
MOUNTAIN HOME AR 72653
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042505

BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 791203 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

COMM DIALYSIS CTR OF PINE BLUFF
2709 W 28TH ST
PINE BLUFF AR 71603
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042506

BACKUP HOSPITAL: 040016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 800326 MSA: 6240
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS SERVICES
2704 WEST MAIN
RUSSELLVILLE AR 72801
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042508

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 831008 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 007

TEXARKANA KIDNEY DISEASE CTR
3RD AND HAZEL ST
TEXARKANA AR 75502
INTERMEDIARY NO: 00020
RENAL NETWORK = 10
PROVIDER NO: 042509

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 840502 MSA: 8360
NUMBER OF DIALYSIS STATIONS: 000

CRITTENDEN MEMORIAL HOSP
200 TYLER ST
WEST MEMPHIS AR 72301
INTERMEDIARY NO: 00020
RENAL NETWORK = 18
PROVIDER NO: 040042

CROSS-REFERENCE: 042304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 008

NEOPHRON INC
2051 E CERRITOS AVENUE
ANAHEIM CA 92806
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052503
BACKUP HOSPITAL: 050058
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770817 MSA: 0350
NUMBER OF DIALYSIS STATIONS: 012

ARTIFICIAL KIDNEY FOUNDATION OF CA INC
1830 ROMNEYA DR-BOX 3297
ANAHEIM CA 92801
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052505
BACKUP HOSPITAL: 050340
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 13
DATE APPROVED: 770815 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 022

ORANGE COUNTY DIALYSIS
3033 W ORANGE AVE
ANAHEIM CA 92804
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052696
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 840501 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 005

COMM DIALYSIS SERV OF VICTOR VALLEY
OEL AMO PLAZA 18888 - HWY 18
APPLE VALLEY CA 92307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052881
BACKUP HOSPITAL: 050245
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800730 MSA: 5780
NUMBER OF DIALYSIS STATIONS: 005

MERCY HOSP
2215 TRUXTUN AVE
BAKERSFIELD CA 93301
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050295
CROSS-REFERENCE: 052339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 770818 MSA: 0680
NUMBER OF DIALYSIS STATIONS: 004

BIOMEDICAL COMMUNITY DIALYSIS CTR
2431 F STREET
BAKERSFIELD CA 93301
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052518
BACKUP HOSPITAL: 050295
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 770802 MSA: 0580
NUMBER OF DIALYSIS STATIONS: 025

HERRICK MEM HOSP
2001 DWIGHT WAY
BERKELEY CA 94704
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050087
CROSS-REFERENCE: 052314
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 05
DATE APPROVED: 830404 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 000

ATTA BATES CHRONIC DIALYSIS CLINIC
2920 TELEGRAPH AVE
BERKELEY CA 94705
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052511
BACKUP HOSPITAL: 050305
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 05
DATE APPROVED: 770815 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 025

BAYSIDE DIALYSIS CLINIC
2001 DWIGHT WAY
BERKELEY CA 94704
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052587
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 830404 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 023

BIO MED COMM DIALYSIS CTR
9330 SANTA MONICA BLVD
BEVERLY HILLS CA 90210
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052501
BACKUP HOSPITAL: 050525
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770804 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 021

PIONEERS MEM HOSP HDIAL UNIT
207 W LEDION RD
BRAWLEY CA 92227
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 053502
BACKUP HOSPITAL: 050059
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09 HSA: 14
DATE APPROVED: 770812 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

VALLEY DIALYSIS ASSOC INC.
401 BUENA VISTA STREET
BURBANK LA CA 91505
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052549
BACKUP HOSPITAL: 050252
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 770830 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

SAN FERNANDO WEST KIDNEY DIALYSIS
7230 MEDICAL CENTER DR
CANOGA PARK CA 91307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052588
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 09
DATE APPROVED: 830615 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

NEW WEST DIALYSIS
3785 VIA MONA MARIE
CARMEL CA 93923
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052583
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 820805 MSA: 7120
NUMBER OF DIALYSIS STATIONS: 008

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

NEW WEST DIALYSIS CLINIC
5120 MANZANITA AVE #160
CARMICHAEL CA 95608
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052804

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840905
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA:

NEW WEST DIALYSIS
282 COHASSET LANE
CHICO CA 95926
INTERMEDIANY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052883

BACKUP HOSPITAL: 050109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 780822
NUMBER OF DIALYSIS STATIONS: 009

HSA: 01
MSA: 1520

COMPTON COMMUNITY HEMODIALYSIS CENTER
725 W COMPTON BLVD
COMPTON CA 90220
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052822

BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770803
NUMBER OF DIALYSIS STATIONS: 020

HSA: 11
MSA: 4480

MT DIABLO HOSP MED CTR
2540 EAST 5T
CONCORD CA 94520
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050495

CROSS-REFERENCE: 052384
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770816
NUMBER OF DIALYSIS STATIONS: 024

HSA: 05
MSA: 5775

DROTMAK MEMORIAL HOSPITAL
3828 HUGHES AVENUE
CULVER CITY CA 90230
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050144

CROSS-REFERENCE: 052324
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770811
NUMBER OF DIALYSIS STATIONS: 000

HSA: 11
MSA: 4480

CULVER CITY DIALYSIS SERVICES
9808 VENICE BLVD STE 300
CULVER CITY CA 90230
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052844

BACKUP HOSPITAL: 050144
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770814
NUMBER OF DIALYSIS STATIONS: 019

HSA: 11
MSA: 4480

COMMUNITY DIALYSIS SERVICES
1498 SOUTHGATE AVE
DALY CITY CA 94015
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052548

BACKUP HOSPITAL: 050033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 017

HSA: 04
MSA: 7360

GREATER DOWNEY DIALYSIS CTR
8530 FLORENCE AVE
DOWNEY CA 90240
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052574
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 810831
NUMBER OF DIALYSIS STATIONS: 014
HSA:
MSA: 4480

EAST BAY DIALYSIS MEDICAL CLINIC
11833B DUBLIN BLVD #100
DUBLIN CA 94566
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052558
BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 810210
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 5775

OHD DIALYSIS CTR
558 BROADWAY
EL CAJON CA 92020
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 053503
BACKUP HOSPITAL: 050025
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 019
HSA: 14
MSA: 7320

PALOMAR MEM HOSP
550 E ORANO AVE
ESCONDIDO CA 92025
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050115
CROSS-REFERENCE: 052319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 004
HSA: 14
MSA: 7320

NORTH COUNTY DIALYSIS CTR
130 SOUTH FIG ST
ESCONDIDO CA 92025
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052525
BACKUP HOSPITAL: 050115
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770422
NUMBER OF DIALYSIS STATIONS: 010
HSA: 14
MSA: 7320

BMA OF EUREKA-ARCATA
2701 HARRISON AVENUE
EUREKA CA 95501
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052543
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 006
HSA: 01
MSA: 0000

COMMUNITY DIALYSIS SERVICES
17197 NEWHOPE AVE
FOUNTAIN VALLEY CA 92708
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052593
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 830915
NUMBER OF DIALYSIS STATIONS: 020
HSA:
MSA: 0360

STATE = CALIFORNIA — RENAL PROVIDER LIST AS OF 12/31/84

WASHINGTON HOSP
2000 MOWRY AVE
FREMONT CA 94538
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050195
CROSS-REFERENCE: 052330
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770815
NUMBER OF DIALYSIS STATIONS: 011
HSA: 05
MSA: 5775

FRESNO COMM HOSP
FRESNO AND "R" ST-BOX 1232
FRESNO CA 93715
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050050
CROSS-REFERENCE: 052372
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 810728
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: 2840

VALLEY MEDICAL RENAL CTN
445 S CEDAR AVE
FRESNO CA 93702
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050213
CROSS-REFERENCE: 052332
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 09
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 012
HSA: 09
MSA: 2840

FRESNO DIALYSIS CLINIC
5005 EAST UNIVERSITY
FRESNO CA 93727
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052827
BACKUP HOSPITAL: 050213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770802
NUMBER OF DIALYSIS STATIONS: 020
HSA: 09
MSA: 2840

MEDICAL CTR OF GARDEN GROVE
12501 GARDEN GROVE BLVD.
GARDEN GROVE CA 92643
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050230
CROSS-REFERENCE: 052333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 770819
NUMBER OF DIALYSIS STATIONS: 006
HSA: 13
MSA: 0360

BEACH CITIES DIALYSIS
2015 W REDONDO BEACH BLVD,#E
GARDENA CA 90247
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052581
BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 820805
NUMBER OF DIALYSIS STATIONS: 013
HSA:
MSA: 4480

GLENDALE ADVENTIST MED CTR
1509 WILSON TERRACE
GLENDALE CA 91206
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050239
CROSS-REFERENCE: 052355
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 09
DATE APPROVED: 790925
NUMBER OF DIALYSIS STATIONS: 000
HSA:
MSA: 4480

OLENDALE HEMODIALYSIS FACILITY
1560 E. CHEVY CHASE DR., # 160
OLENDALE CA 91205
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052557

BACKUP HOSPITAL: 050040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 790601 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 016

OLENDORA COMM HOSP
122 W ALOSTA AVE, #23
OLENDORA CA 91740
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050205

CROSS-REFERENCE: 052331
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770802 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

OLENDORA ARTIFICIAL KIDNEY CTR
122 W ALOSTA AVE #23
OLENDORA CA 91740
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052555

BACKUP HOSPITAL: 050205
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 800901 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 022

BAY HARBOR HOSP
1437 W LOMITA BLVD
HARBOR CITY CA 90710
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050055

CROSS-REFERENCE: 052310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 771110 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 005

EAST BAY DIALYSIS
21313 FOOTHILL BLVD
HAYWARD CA 94541
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052540

BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 05
DATE APPROVED: 770818 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 024

COMMUNITY DIALYSIS SERVICES
501 E HAROY ST #100
INGLEWOOD CA 90307
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 05253B

BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770815 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 030

COS - LA BREA
101 N LA BREA BLVD
INGLEWOOD CA 90301
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 05259B

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 840505 MSA: 4480A
NUMBER OF DIALYSIS STATIONS: 020

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

ONOSSMONT HOSP
5555 OROSSMONT CENTER DR BOX 189
LA MESA CA 92041
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050026

CNOSS-REFERENCE: 052303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770811
NUMBER OF DIALYSIS STATIONS: 006

HSA: 14
MSA: 7320

BURTEC HEMODIALYSIS UNIT
9870 GENESEE AVE
LAJOLLA CA 92057
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052547

BACKUP HOSPITAL: 050026
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 020

HSA: 14
MSA: 7320

DOCTORS HOSP
3700 E SOUTH ST
LAKEWOOD CA 90712
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050581

CROSS-REFERENCE: 052350
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770718
NUMBER OF DIALYSIS STATIONS: 000

HSA: II
MSA: 4480

LAKEWOOD COMM DIALYSIS UNIT
4131 E SOUTH ST
LAKEWOOD CA 90712
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052539

BACKUP HOSPITAL: 050581
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770804
NUMBER OF DIALYSIS STATIONS: 015

HSA: II
MSA: 4480

COS OF ANTELOPE VALLEY
44241 N 15TH ST WEST
LANCASTER CA 93534
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052821

BACKUP HOSPITAL: 050282
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770805
NUMBER OF DIALYSIS STATIONS: 010

HSA: II
MSA: 4480

COMMUNITY HEMODIALYSIS UNIT NUMBER 3
5 BON AIR RD SUITE 119
LARKSPUR CA 94939
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052525

BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770818
NUMBER OF DIALYSIS STATIONS: 012

HSA: 04
MSA: 7360

LOMA LINDA UNIVERSITY MEDICAL CENTER
11234 ANDERSON ST
LOMA LINDA CA 92354
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050327

CROSS-REFERENCE: 052342
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

HSA: 12
MSA: 5780

LOMA LINDA DIALYSIS SERVICES
11375 ANDERSON STREET
LOMA LINDA CA 92354
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052550

BACKUP HOSPITAL: 050327
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 12
DATE APPROVED: 771202 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 020

ST MARY MEDICAL CENTER
1050 LINDEN AVE
LONG BEACH CA 90801
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050191

CROSS-REFERENCE: 052328
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770811 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 013

BIO MED COMMUNITY HEMODIALYSIS
1045 ATLANTIC AVE NO 108
LONG BEACH CA 90813
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052523

BACKUP HOSPITAL: 050191
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770805 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 018

LOS ALAMITOS HEMODIALYSIS CENTER
3810 KATELLA AVENUE SUITE 401
LOS ALAMITOS CA 90720
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052515

BACKUP HOSPITAL: 050348
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 13
DATE APPROVED: 770815 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 024

WHITE MEMORIAL HOSPITAL
1720 BROOKLYN AVE
LOS ANGELES CA 90033
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050103

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 790917 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

CHILDRENS HOSP OF LOS ANGELES
4650 SUNSET BLVD
LOS ANGELES CA 90027
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050123

CROSS-REFERENCE: 052321
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770728 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

KAISER FOUNDATION HOSP
4867 SUNSET BLVD
LOS ANGELES CA 90027
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050138

CROSS-REFERENCE: 052323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770725 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 018

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

CALIFORNIA HOSPITAL MEDICAL CTR
1414 S HOPE ST
LOS ANGELES CA 90015
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050149

CMS55-REFERENCE: 052328
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770802
NUMBER OF DIALYSIS STATIONS: 005

HSA: 11
MSA: 4480

U C L A HOSP CTR FOR HEALTH SCIENCES
10833 LE CONTE AVE
LOS ANGELES CA 90024
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050262

CROSS-REFERENCE: 052338
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770826
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL

HSA: 11
MSA: 4480

LOS ANGELES COUNTY USC MEDICAL CENTER
1200 N STATE ST
LOS ANGELES CA 90033
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050373

CROSS-REFERENCE: 052344
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770808
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-UNCONDITIONAL

HSA: 11
MSA: 4480

ST VINCENT MEDICAL CENTER
2131 W 3RD ST
LOS ANGELES CA 90057
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050502

CROSS-REFERENCE: 052355
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-UNCONDITIONAL

HSA: 11
MSA: 4480

MARTIN LUTHER KING JR GEN HOSP
12021 S WILMINGTON AVE
LOS ANGELES CA 90059
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050578

CROSS-REFERENCE: 052359
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770811
NUMBER OF DIALYSIS STATIONS: 000

HSA: 11
MSA: 4480

BEVERLY HILLS MEDICAL CENTER
1177 SOUTH BEVERLY DRIVE
LOS ANGELES CA 90035
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050822

CROSS-REFERENCE: 052363
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770810
NUMBER OF DIALYSIS STATIONS: 009

HSA: 11
MSA: 4480

CEDARS-SINAI MEDICAL CENTER
8700 BEVERLY BLVD
LOS ANGELES CA 90048
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050525

CROSS-REFERENCE: 052364
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840213
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-CONDITIONAL

HSA: 11
MSA: 4480

USHAWL, INC.
2723 W TEMPLE ST
LOS ANGELES CA 90026
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052509

BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770725 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 035

USHAWL INC
706 E 32ND ST
LOS ANGELES CA 90011
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052515

BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770813 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 042

USHAWL INC
934 FAIRFAX AVE
LOS ANGELES CA 90036
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052517

BACKUP HOSPITAL: 050373
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770810 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

EAST L A KIDNEY CTR
5250 E POMONA BLVD
LOS ANGELES CA 90022
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052577

BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 811223 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 012

ST VINCENT DIALYSIS CTR INC
201 S ALVARADO ST #220
LOS ANGELES CA 90057
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052582

BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 820901 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 017

MLK KIDNEY CENTER
11859 COMPTON AVE
LOS ANGELES CA 90059
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052590

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 830719 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 006

BEVERLY HILLS DIALYSIS CTR
1177 S BEVERLY DR
LOS ANGELES CA 90035
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052599

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 840101 MSA: 44800
NUMBER OF DIALYSIS STATIONS: 009

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

USHAWL
8700 BEVERLY BLVD
LOS ANGELES CA 90048
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 053807

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840213
NUMBER OF DIALYSIS STATIONS: 020

HSA:
MSA: 4480

KIDNEY DIALYSIS CARE UNITS
3500 E CENTURY BLVD
LYNWOOD CA 90262
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052502

BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770813
NUMBER OF DIALYSIS STATIONS: 020

HSA: II
MSA: 4480

DIALYSIS CENTER OF COUNTY MERCED
200 E 18TH ST
MERCED CA 95340
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052504

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 821108
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 0000

HOLY CROSS RENAL CENTER
14930 RINALDI ST, #101
MISSION HILLS CA 91340
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052550

BACKUP HOSPITAL: 050252
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 791201
NUMBER OF DIALYSIS STATIONS: 015

HSA:
MSA: 4480

MISSION DIALYSIS, INC
27002 PUENTA REAL HWY
MISSION VIEJO CA 92691
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050567

CROSS-REFERENCE: 052358
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840501
NUMBER OF DIALYSIS STATIONS: 000

HSA: I3
MSA: 0360

MISSION DIALYSIS INC
27802 PUERTO REAL
MISSION VIEJO CA 92691
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052597

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840501
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 0360A

SATELLITE DIALYSIS CENTER
1329 SPANOS CT,BLDG D
MODESTO CA 95355
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052531

BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770810
NUMBER OF DIALYSIS STATIONS: 020

HSA: 06
MSA: 5170

BEVERLY DIALYSIS
100 W HARDING ST
MONTEBELLO CA 90640
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052542

BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770809 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 009

DARFIELD HEMODIALYSIS CENTER
118 HILLIARD AVE
MONTEREY PARK CA 91754
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052554

BACKUP HOSPITAL: 050502
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 000912 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 020

EL CAMINO HOSP
2500 GRANT RD
MOUNTAIN VIEW CA 94040
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050308

CROSS-REFERENCE: 052341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 07
DATE APPROVED: 770812 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 020

QUEEN OF THE VALLEY (ESRD)
1000 TRANCAS ST
NAPA CA 94558
INTERMEDIARY NO: 51051
RENAL NETWORK = 03
PROVIDER NO: 050009

CROSS-REFERENCE: 052301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 03
DATE APPROVED: 770831 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 008

NAPA VALLEY COMMUNITY DIALYSIS
1100 TRANCAS ST SUITE 267
NAPA CA 94558
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052565

BACKUP HOSPITAL: 050009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 801016 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 007

BIO-MEDICAL COMM DIAL UNIT OF S BAY
303 W 26TH ST
NATIONAL CITY CA 92050
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052536

BACKUP HOSPITAL: 050025
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 14
DATE APPROVED: 770812 MSA: 7320
NUMBER OF DIALYSIS STATIONS: 022

HOAG MEMORIAL HOSP PRESBYTERIAN
301 NEWPORT BLVD,BOX Y
NEWPORT BEACH CA 92663
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050224

CROSS-REFERENCE: 052366
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 800312 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 006

STATE = CALIFDRNIA

RENAL PROVIDER LIST AS DF 12/31/84

NDRTHRIDOE HOSPITAL FDUNOATION
18300 ROSCDE BLVD
NDRTHRIDOE CA 91328
INTENMEOIANY NO: 00040
RENAL NETWORK = 04
PROVIOER NO: 050115

CNDSS-NEFERENCE: 052320
APPROVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TNAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIDNAL
TYPE OF DWNERSHIP: DTHER-NOT FDR PRDFIT

HCFA REDION: 09
DATE APPROVED: 790101
NUMBER OF DIALYSIS STATIONS: 000

HSA: 11
MSA: 4480

CLINISHARE OIALYSIS NETWORK
18510 ROSCOE BLVO
NDRTHRIDOE CA 91324
INTERMEOIANY NO: 00040
RENAL NETWDRK = 04
PRDVIDER NO: 052545

BACKUP HDSPITAL: 050115
APPRDVEO AS: OIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SENVICES:
TRAININO SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FOR PRDFIT

HCFA REGIDN: 09
DATE APPROVED: 770815
NUMBER OF DIALYSIS STATIONS: 015

HSA: 11
MSA: 4480

CLINISHARE OIALYSIS NETWONK
18350 ROSCOE BLVO
NORTHRIDOE CA 91328
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PRDVIOER NO: 052559

BACKUP HDSPITAL: 050252
APPROVED AS: OIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONOITIONAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT

HCFA REDION: 09
DATE APPRDVED: 800428
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 4480

PRDVIDENCE HDSPITAL (ESRO)
3100 SUMMIT ST
OAKLAND CA 94623
INTERMEDIARY ND: 00040
RENAL NETWORK = 03
PRDVIDER NO: 050053

CROSS-REFERENCE: 052308
APPROVEO AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCDNDITIDNAL
TYPE DF DWNERSHIP: DTHER-NDT FDR PROFIT

HCFA REGION: 09
OATE APPRDVED: 770812
NUMBER DF DIALYSIS STATIONS: 000

HSA: 05
MSA: 5775

BMA OIALYSIS DF OAKLAND
3100 SUMMIT ST SO. BL00.
DAKLANO CA 94609
INTERMEOIARY ND: 00040
RENAL NETWORK = 03
PROVIDER NO: 052534

BACKUP HOSPITAL: 050053
APPRDVEO AS: OIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TNAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNOITIDNAL
TYPE DF OWNERSHIP: CORPORATIDN-FOR PROFIT

HCFA REGIDN: 09
DATE APPRDVED: 770815
NUMBER DF DIALYSIS STATIDNS: 034

HSA: 05
MSA: 5775

BMA DF ALAMEOA COUNTY INC
10700 MACARTHUR BLVO #14
DAKLANO CA 94605
INTERMEOIARY NO: 00040
RENAL NETWDRK = 03
PRDVIDER ND: 052585

APPRDVEO AS: OIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATIDN RATES: OIALYSIS-CONDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-FDR PRDFIT

HCFA REDIDN: 09
DATE APPRDVED: 830323
NUMBER DF DIALYSIS STATIDNS: 009

HSA:
MSA: 5775

ST JDSEPH HOSP HEMOOIALYSIS UNIT
1215 W LAVETA AVE
ORANDE CA 92668
INTERMEOIARY ND: 51051
RENAL NETWORK = 04
PRDVIOER NO: 050069

CRDSS-REFERENCE: 052311
APPROVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: DTHER-NOT FOR PRDFIT

HCFA REDIDN: 09
OATE APPROVED: 770815
NUMBER DF DIALYSIS STATIDNS: 020
TRANSPLANT-UNCDNDITIONAL

HSA: 13
MSA: 0360

STATE = CALIFORNIA — RENAL PROVIDER LIST AS OF 12/31/04

UNIV OF CA-IRVINE MED CTR
101 CITY DRIVE SOUTH
ORANGE CA 92668
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050340

CROSS-REFERENCE: 052313
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 19
DATE APPROVED: 030701 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

UC IRVINE RENAL DIALYSIS CENTER
101 CITY ON SOUTH BLDG 24
ORANGE CA 92668
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052589

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA:
DATE APPROVED: 030701 MSA: 0360
NUMBER OF DIALYSIS STATIONS: 007

ST JOHNS HOSP REG MED CTR
333 NORTH F ST
OXNARD CA 93030
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050002

CROSS-REFERENCE: 052313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 10
DATE APPROVED: 770805 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 014

COMMUNITY DIALYSIS SERVICES
12990 BRANFORD UNIT P
PACOIMA CA 91331
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052529

BACKUP HOSPITAL: 050262
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770722 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 010

DESERT DIALYSIS MEDICAL CLINIC INC
345 TACHEVAH ST,DRIVE #9
PALM SPRINGS CA 92262
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052541

BACKUP HOSPITAL: 050327
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 09 HSA: 12
DATE APPROVED: 770815 MSA: 6780
NUMBER OF DIALYSIS STATIONS: 012

SATELLITE DIALYSIS
770 WELCH RD #200
PALO ALTO CA 94304
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052551

BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 07
DATE APPROVED: 771205 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 000

CLINISHARE DIALYSIS NETWORK
1045 NORTH FAIROAKS AVE
PASADENA CA 91103
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052562

BACKUP HOSPITAL: 050376
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 800609 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 016

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

DIALYSIS CENTER OF POMONA
800 N PARK AVE
POMONA CA 91768
INTERMEDIARY NO: 51061
RENAL NETWORK = 04
PROVIDER NO: 052591

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 830715
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 4480

NEW WEST DIALYSIS
1380 COUNT ST. SUITE A
REDDING CA 96002
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052628

BACKUP HOSPITAL: 050109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770820
NUMBER OF DIALYSIS STATIONS: 011

HSA: 01
MSA: 6690

RIVERSIDE GEN HOSP-UNIV MED CENTER
9851 MAGNOLIA AVE
RIVERSIDE CA 92503
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050292

CROSS-REFERENCE: 052338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770808
NUMBER OF DIALYSIS STATIONS: 010

HSA: 12
MSA: 6780

RIVERSIDE-SAN BERNARDINO HEMO UNIT
4000 FOURTEENTH ST - SUITE 204
RIVERSIDE CA 92501
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052632

BACKUP HOSPITAL: 050292
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 015

HSA: 12
MSA: 6780

BMA OF ROSEVILLE, INC.
210 HARDING BLVD
ROSEVILLE CA 95678
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052678

BACKUP HOSPITAL: 050599
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 820115
NUMBER OF DIALYSIS STATIONS: 011

HSA:
MSA: 6920

SUTTER GEN HOSP-ARTIFICIAL KIDNEY CTR
2820 L STREET
SACRAMENTO CA 95816
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050108

CROSS-REFERENCE: 052316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770815
NUMBER OF DIALYSIS STATIONS: 012

HSA: 02
MSA: 6920

SUTTER MEM HOSP
52ND & F STS
SACRAMENTO CA 95819
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050109

CROSS-REFERENCE: 052317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 013

HSA: 02
MSA: 6920

UNIV OF CA DAVIS - MED CTR
2315 STOCKTON BLVD
SACRAMENTO CA 95817
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D3
PROVIDER NO: D5D599

CROSS-REFERENCE: D52361
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 02
DATE APPRDVED: 77D816 MSA: 692D
NUMBER OF DIALYSIS STATIONS: DD4

TRANSPLANT-UNCONDITIONAL

NEW WEST DIALYSIS
3DD UNIVERSITY AVE #1D1
SACRAMENTO CA 95825
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D3
PROVIDER NO: D5253D

BACKUP HOSPITAL: D5D1D9
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 02
DATE APPRDVED: 77D819 MSA: 692D
NUMBER OF DIALYSIS STATIONS: D25

NEW WEST DIALYSIS -S. SACRAMENTO
7DDD FRANKLIN BLVD STE 88D
SACRAMENTO CA 95823
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D3
PROVIDER NO: D52569

BACKUP HOSPITAL: D5D1D9
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPRDVED: 8D1219 MSA: 692D
NUMBER OF DIALYSIS STATIONS: D12

NATIVIDAD MEDICAL CENTER
133D NATIVIDAD RD-BOX 1611
SALINAS CA 939D1
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D3
PROVIDER NO: D5D248

CROSS-REFERENCE: D52335
APPRDVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: D8
DATE APPROVED: 77D812 MSA: 712D
NUMBER OF DIALYSIS STATIONS: DD7

SAN BERNARDINO COUNTY MED CTR
78D EAST GILBERT
SAN BERNARDINO CA 924D4
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D4
PROVIDER NO: D5D245

CROSS-REFERENCE: D52334
APPRDVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 12
DATE APPRDVED: 811116 MSA: 678D
NUMBER OF DIALYSIS STATIONS: DDD

TRANSPLANT-UNCONDITIONAL

SAN BERNARDINO VALLEY HEM
78D GILBERT ST,BOX 2116
SAN BERNARDINO CA 924D6
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D4
PROVIDER NO: D52575

BACKUP HOSPITAL: D5D245
APPRDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: D9 HSA:
DATE APPROVED: 811115 MSA: 678D
NUMBER OF DIALYSIS STATIONS: D12

UNIVERSITY HOSPITAL UCSD MEDICAL CTR
225 W DICKINSON ST
SAN DIEGO CA 921D3
INTERMEDIARY NO: DDD4D
RENAL NETWORK = D4
PROVIDER NO: D5DD25

CROSS-REFERENCE: D523D2
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: D9 HSA: 14
DATE APPROVED: 77D816 MSA: 732D
NUMBER OF DIALYSIS STATIONS: DD8

TRANSPLANT-CONDITIONAL

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF I2/31/84

BMA OF SAN DIEOO
3980 THIRD AVE
SAN DIEOO CA 92ID3
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O4
PROVIDER NO: 052800

BACKUP HOSPITAL: O5OO26
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: O9 HSA: I4
DATE APPROVED: 77O8II MSA: 732O
NUMBER OF DIALYSIS STATIONS: O2O

ARTIFICIAL KIDNEY CTR
7927 OSTROW ST
SAN DIEOO CA 92III
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O4
PROVIDER NO: 052576

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: O9 HSA:
DATE APPROVED: 8III3 MSA: 732O
NUMBER OF DIALYSIS STATIONS: OI6

R K DAVIES MEDICAL CENTER
CASTRO DUDOCE STS
SAN FRANCISCO CA 94II4
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O3
PROVIDER NO: 050000

CROSS-REFERENCE: O623OO
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: O9 HSA: O4
DATE APPROVED: 77O8IO MSA: 7360
NUMBER OF DIALYSIS STATIONS: OI4

MOUNT ZION HOSP & MEDICAL CENTER
I5OO DIVISADERO ST
SAN FRANCISCO CA 94I2O
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O3
PROVIDER NO: O5OO33

CROSS-REFERENCE: O623O4
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: O9 HSA: O4
DATE APPROVED: 77O8I6 MSA: 736O
NUMBER OF DIALYSIS STATIONS: OII

PACIFIC MEDICAL CTR-PRESBYTERIAN
2333 CLAY ST
SAN FRANCISCO CA 94II5
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O3
PROVIDER NO: 050047

CROSS-REFERENCE: O623O7
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: O9 HSA: O4
DATE APPROVED: 77O8I8 MSA: 7360
NUMBER OF DIALYSIS STATIONS: OI8
TRANSPLANT-UNCONDITIONAL

KAISER FOUNDATION HOSP
2425 OEARY BLVD
SAN FRANCISCO CA 94II8
INTERMEDIARY NO: 6ID5I
RENAL NETWORK = O3
PROVIDER NO: 050078

CROSS-REFERENCE: O623I2
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: O9 HSA: O4
DATE APPROVED: 77O4O6 MSA: 736O
NUMBER OF DIALYSIS STATIONS: OO6

ST FRANCIS MEMORIAL HOSP
9OO HYDE ST-BOX 7726
SAN FRANCISCO CA 94I2O
INTERMEDIARY NO: OOO4O
RENAL NETWORK = O3
PROVIDER NO: 050I52

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: O9 HSA:
DATE APPROVED: 81O622 MSA: 736O
NUMBER OF DIALYSIS STATIONS: OOO

UNIVERSITY OF CALIF AT SAN FRANCISCO
505 PARNASSUS AVE
SAN FRANCISCO CA 94143
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050454

CROSS-REFERENCE: 052351
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09 HSA: 04
DATE APPROVED: 770831 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

COMMUNITY HEMODIALYSIS OF SF
1800 HAIGHT ST
SAN FRANCISCO CA 94117
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052507

BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 770808 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 012

UNIVERSITY OF CA RENAL CTR
1001 POTRERO AVENUE BUILDING 100
SAN FRANCISCO CA 94110
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 053500

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 04
DATE APPROVED: 770815 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 012

U. C. PEDIATRIC RENAL CENTER
400 PARNASSUS AVE - RM A275
SAN FRANCISCO CA 94143
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 053501

BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 04
DATE APPROVED: 770809 MSA: 7360
NUMBER OF DIALYSIS STATIONS: 004

SANTA CLARA VALLEY MEDICAL CENTER
751 S BASCOM AVE
SAN JOSE CA 95128
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050038

CROSS-REFERENCE: 052305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 07
DATE APPROVED: 770022 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 009

SATELLITE DIALYSIS CENTER
1175 SARATOGA AVE
SAN JOSE CA 95129
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052514

BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 07
DATE APPROVED: 770810 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 017

SATELLITE DIALYSIS
2121 ALEXIAN DR #118
SAN JOSE CA 95116
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052572

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 810625 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 013

STATE - CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

SAN LUIS OBISPO OEN HOSP
2180 JOHNSON AVE
SAN LUIS OBISPO CA 93406
INTERMEDIARY NO: 00040
RENAL NETWORK - 04
PROVIDER NO: 050080

CROSS-REFERENCE: 052315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770810
NUMBER OF DIALYSIS STATIONS: 014

HSA: 08
MSA: 0000

MILLS MEMORIAL HOSPITAL
100 S SAN MATEO DRIVE
SAN MATEO CA 94401
INTERMEDIARY NO: 00040
RENAL NETWORK - 03
PROVIDER NO: 050302

CROSS-REFERENCE: 052340
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 840319
NUMBER OF DIALYSIS STATIONS: 014

TRANSPLANT-CONDITIONAL

HSA: 04
MSA: 7360

WEST CONTRA COSTA DIALYSIS
14020 SAN PABLO AVE
SAN PABLO CA 94806
INTERMEDIARY NO: 00040
RENAL NETWORK - 03
PROVIDER NO: 052580

BACKUP HOSPITAL: 050085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 800425
NUMBER OF DIALYSIS STATIONS: 015

HSA:
MSA: 5775

SAN PEDRO COMM DIALYSIS CTR
521 BUTTE ST
SAN PEDRO CA 90732
INTERMEDIARY NO: 00040
RENAL NETWORK - 04
PROVIDER NO: 050070

CROSS-REFERENCE: 052389
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 781030
NUMBER OF DIALYSIS STATIONS: 009

HSA: 11
MSA: 4480

COMMUNITY DIALYSIS CENTER
521 BUTTE ST
SAN PEDRO CA 90732
INTERMEDIARY NO: 00040
RENAL NETWORK - 04
PROVIDER NO: 052594

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 781030
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 4480

WESTERN MEDICAL CENTER
1001 N. TUSTIN AVE.
SANTA ANA CA 92705
INTERMEDIARY NO: 00040
RENAL NETWORK - 04
PROVIDER NO: 050055

CROSS-REFERENCE: 052309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770817
NUMBER OF DIALYSIS STATIONS: 004

HSA: 13
MSA: 0360

SANTA BARBARA COTTAGE HOSP
320 W PUEBLO ST
SANTA BARBARA CA 93105
INTERMEDIARY NO: 00040
RENAL NETWORK - 04
PROVIDER NO: 050395

CROSS-REFERENCE: 052345
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770809
NUMBER OF DIALYSIS STATIONS: 000

HSA: 10
MSA: 7480

SANTA BARBARA COMM DIALYSIS CENTER
222 PESETAS LANE
SANTA BARBARA CA 93102
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052513

BACKUP HOSPITAL: 050396
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 10
DATE APPROVED: 770810 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 014

SANTA CRUZ COMM DIALYSIS
2128 SOQUEL AVE
SANTA CRUZ CA 95062
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052555

BACKUP HOSPITAL: 050441
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 790126 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 017

SANTA MONICA HEMODIALYSIS CTR
2001 SANTA MONICA BLVD #250W
SANTA MONICA CA 90404
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050112

CROSS-REFERENCE: 052318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 771019 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 015

COMMUNITY HEMODIALYSIS UNIT
3327 CHANATE RD
SANTA ROSA CA 95404
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052524

BACKUP HOSPITAL: 050464
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 03
DATE APPROVED: 770810 MSA: 7500
NUMBER OF DIALYSIS STATIONS: 012

SOUTH COAST MEDICAL CENTER
31872 COAST HWY
SOUTH LAGUNA CA 92677
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 050193

CROSS-REFERENCE: 052329
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 13
DATE APPROVED: 770817 MSA: 0350
NUMBER OF DIALYSIS STATIONS: 004

STANFORD UNIVERSITY HEMODIALYSIS
ROOM SHC-1
STANFORD CA 94301
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050441

CROSS-REFERENCE: 052350
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 07
DATE APPROVED: 770800 MSA: 7400
NUMBER OF DIALYSIS STATIONS: 007

SAN JOAQUIN GEN HOSP
HOSPITAL LANE & HWY 50-BOX 1020
STOCKTON CA 95201
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 050157

CROSS-REFERENCE: 052326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 05
DATE APPROVED: 770803 MSA: 8120
NUMBER OF DIALYSIS STATIONS: 010

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

ARTIFICIAL KIDNEY MED CLINIC
2340 N CALIFORNIA ST
STOCKTON CA 95204
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052535

BACKUP HOSPITAL: 050454
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 05
DATE APPROVED: 770812 MSA: 2840
NUMBER OF DIALYSIS STATIONS: 017

RENAL HYDRONICS, INC
18425 BURBANK BLVD #411
TARZANA CA 91356
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052504

BACKUP HOSPITAL: 050125
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770831 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 011

LOS ROBLES REGIONAL MEDICAL CENTER
215 WEST JANSS RD
THOUSAND OAKS CA 91360
INTERMEDIARY NO: 51050
RENAL NETWORK = 04
PROVIDER NO: 050549

CROSS-REFERENCE: 052355
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 10
DATE APPROVED: 770811 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 000

CONEJO VALLEY RENAL CENTER
227 W JANSS RD #115
THOUSAND OAKS CA 91360
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052579

BACKUP HOSPITAL: 050549
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 820122 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 015

L A CO HARBOR-UCLA MED CTR
1000 W CARSON ST
TORRANCE CA 90509
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050375

CROSS-REFERENCE: 052345
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770718 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 005

TRANSPLANT-UNCONDITIONAL

BMA OF LOS ANGELES INC
1123 WEST CARSON ST
TORRANCE CA 90502
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052508

BACKUP HOSPITAL: 050191
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 770803 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 022

TORRANCE COMMUNITY HEMODIALYSIS UNIT
3295 SKYPARK DRIVE
TORRANCE CA 90505
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052555

BACKUP HOSPITAL: 050375
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 09 HSA: 11
DATE APPROVED: 781227 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 012

BMA - UKIAH HEMODIALYSIS
620 S OORA ST - SUITE 203
UKIAH CA 95482
INTERMEDIARY NO: 00040
RENAL NETWORK = 09
PROVIDER NO: 052548
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 09 HSA: 01
DATE APPROVED: 770725 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

EAST BAY DIALYSIS
10 UNION SQUARE BLVD - BLDG 3
UNION CITY CA 94587
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052571
BACKUP HOSPITAL: 050195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810520 MSA: 5775
NUMBER OF DIALYSIS STATIONS: 015

DIALYSIS CENTER OF UPLAND
600 N 13TH AVENUE
UPLAND CA 91786
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052552
BACKUP HOSPITAL: 050245
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 09 HSA: 12
DATE APPROVED: 780428 MSA: 5780
NUMBER OF DIALYSIS STATIONS: 022

VALENCIA RENAL CTR
23861 W MCBEAN PKWY, #E11
VALENCIA CA 91355
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052573
BACKUP HOSPITAL: 050116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 810723 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY DIALYSIS SERVICE
123 HOSPITAL DR
VALLEJO CA 94590
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052567
BACKUP HOSPITAL: 050047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA:
DATE APPROVED: 800807 MSA: 8720
NUMBER OF DIALYSIS STATIONS: 008

VALLEY PRESBYTERIAN HOSPITAL
1510 VANOWEN ST
VAN NUYS CA 91405
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 050126
CROSS-REFERENCE: 052322
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 000

VALLEY PRESBYTERIAN COMM DIALYSIS
16149 HART ST
VAN NUYS CA 91405
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052554
BACKUP HOSPITAL: 050126
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 09 HSA: 11
DATE APPROVED: 781201 MSA: 4480
NUMBER OF DIALYSIS STATIONS: 013

STATE = CALIFORNIA

RENAL PROVIDER LIST AS OF 12/31/84

CLINISHARE DIALYSIS NETWORK
14624 SHERMAN WAY #106
VAN NUYS CA 91405
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052555

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 830201
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 4480

KAWEAH DELTA HEMODIALYSIS FACILITY
320 W MAIN ST
VISALIA CA 93277
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 053306

BACKUP HOSPITAL: 050235
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770822
NUMBER OF DIALYSIS STATIONS: 013

HSA: 09
MSA: 8780

COVINA COMMUNITIEN HEMODIALYSIS CTN
1547 W GARVEY AVE
WEST COVINA CA 91791
INTERMEDIARY NO: 51051
RENAL NETWORK = 04
PROVIDER NO: 052580

BACKUP HOSPITAL: 050386
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 820114
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 4480

BID MED COMMUNITY DIALYSIS UNIT
12401 EAST WASHINGTON BLVD
WHITTIER CA 90602
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052519

BACKUP HOSPITAL: 050069
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770803
NUMBER OF DIALYSIS STATIONS: 014

HSA: II
MSA: 4480

WHITTIER DIALYSIS CENTER
10155 COLIMA RD
WHITTIER CA 90603
INTERMEDIARY NO: 00040
RENAL NETWORK = 04
PROVIDER NO: 052592

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 830728
NUMBER OF DIALYSIS STATIONS: 018

HSA:
MSA: 4480

COMMUNITY DIALYSIS
520 SCOTTSWOOD ST,SUITE 12
WOODLAND CA 95695
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052570

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 801226
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 6920

NEW WEST DIALYSIS CLINIC-YUBA CITY
1007 LIVE OAK BLVD
YUBA CITY CA 95991
INTERMEDIARY NO: 00040
RENAL NETWORK = 03
PROVIDER NO: 052563

BACKUP HOSPITAL: 050108
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 800804
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 6920

BOULDER METROPOLITAN DIALYSIS
311 MAPLETON
BOULDER CO 80302
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062508

BACKUP HOSPITAL: 060015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 810223 MSA: 1125
NUMBER OF DIALYSIS STATIONS: 006

PENROSE HOSPITAL
2215 NORTH CASCADE
COLORADO SPRINGS CO 80907
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060031

CROSS-REFERENCE: 062305
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 08 HSA: 02
DATE APPROVED: 770714 MSA: 1720
NUMBER OF DIALYSIS STATIONS: 000

PIKES PEAK DIALYSIS CTR PC
2120 E LASALLE ST
COLORADO SPRINGS CO 80909
INTERMEDIARY NO: 00050
RENAL NETWORK = 06
PROVIDER NO: 062607

BACKUP HOSPITAL: 060031
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 791210 MSA: 1720
NUMBER OF DIALYSIS STATIONS: 015

PRESBYTERIAN MEDICAL CENTER
1719 EAST 19TH AVE
DENVER CO 80218
INTERMEDIARY NO: 00050
RENAL NETWORK = 06
PROVIDER NO: 060006

CROSS-REFERENCE: 062300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 018

ST ANTHONY HOSPITAL SYS
4231 WEST 16TH AVE
DENVER CO 80204
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060015

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 780616 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 000

UNIVERSITY OF COLORADO-ESRD
4200 E NINTH AVE
DENVER CO 80262
INTERMEDIARY NO: 00060
RENAL NETWORK = 05
PROVIDER NO: 060024

CROSS-REFERENCE: 062303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770901 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

MERCY MEDICAL CENTER
1619 MILWAUKEE STREET
DENVER CO 80206
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060026

CROSS-REFERENCE: 062304
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770901 MSA: 2080
NUMBER OF DIALYSIS STATIONS: 000

STATE = COLORADO

RENAL PROVIDER LIST AS OF 12/31/84

ROSE MEDICAL CENTER
4567 E 9TH AVE
DENVER CO 80220
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060032

CROSS-REFERENCE: 062308
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 000

HSA: 01
MSA: 2080

VA HOSP
1055 CLERMONT ST
DENVER CO 80220
INTERMEDIARY NO: 99990
RENAL NETWORK = 05
PROVIDER NO: 06005F

CROSS-REFERENCE: 062308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 08
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 017

HSA: 01
MSA: 2080

PORTER MEMORIAL HOSPITAL
2525 SOUTH DOWNING STREET
DENVER CO 80210
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060064

CROSS-REFERENCE: 062307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 770719
NUMBER OF DIALYSIS STATIONS: 012

HSA: 01
MSA: 2080

ROCKY MOUNTAIN KIDNEY CENTER
4545 EAST 9TH AVE, SUITE 140
DENVER CO 80220
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062801

BACKUP HOSPITAL: 060032
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 770719
NUMBER OF DIALYSIS STATIONS: 023

HSA: 01
MSA: 2080

WESTERN DIALYSIS CTR PC
4200 W CONEJOS PLACE
DENVER CO 80204
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062802

BACKUP HOSPITAL: 060015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 770714
NUMBER OF DIALYSIS STATIONS: 018

HSA: 01
MSA: 2080

COMMUNITY DIALYSIS SERVICE DENVER
2401 S DOWNING
DENVER CO 80210
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062809

BACKUP HOSPITAL: 060064
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 810612
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 2080

NORTHERN COLORADO KIDNEY CTR
1213 RIVERSIDE
FT COLLINS CO 80524
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 062805

BACKUP HOSPITAL: 060024
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 790119
NUMBER OF DIALYSIS STATIONS: 011

HSA:
MSA: 2670

ST MARYS HOSP C MED CTR
7TH PATTERSON RD
GRAND JUNCTION CO 81501
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060023

CROSS-REFERENCE: 062302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 03
DATE APPROVED: 770714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

ST MARY CORWIN HOSPITAL
1008 MINNEQUA AVENUE
PUEBLO CO 81004
INTERMEDIARY NO: 00050
RENAL NETWORK = 05
PROVIDER NO: 060012

CROSS-REFERENCE: 062301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 02
DATE APPROVED: 770901 MSA: 6560
NUMBER OF DIALYSIS STATIONS: 010

STATE = CONNECTICUT

RENAL PROVIDER LIST AS OF 12/31/84

SO CT OUT-OF-HOSP DIALYSIS UNIT
900 MADISON AVE
BRIDGEPORT CT 06606
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 072501

BACKUP HOSPITAL: 070022
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 032

HSA: 01
MSA: 1163

DANBURY HOSP-ESRD
24 HOSPITAL AVE
DANBURY CT 06810
INTERMEDIARY NO: 00050
RENAL NETWORK = 27
PROVIDER NO: 070033

CROSS-REFERENCE: 072308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 008

HSA: 05
MSA: 1153

ST FRANCIS HOSP
114 WOODLAND ST
HARTFORD CT 06105
INTERMEDIARY NO: 50072
RENAL NETWORK = 27
PROVIDER NO: 070002

CROSS-REFERENCE: 072301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 016

HSA: 04
MSA: 3283

MT SINAI HOSP
500 BLUE HILLS AVE
HARTFORD CT 06101
INTERMEDIARY NO: 50070
RENAL NETWORK = 27
PROVIDER NO: 070013

CROSS-REFERENCE: 072313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 811009
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 3283

HARTFORD HOSP
80 SEYMOUR ST
HARTFORD CT 06106
INTERMEDIARY NO: 51070
RENAL NETWORK = 27
PROVIDER NO: 070026

CROSS-REFERENCE: 072307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-UNCONDITIONAL

HSA: 04
MSA: 3283

MIDDLESEX MEM HOSP
28 CRESCENT ST
MIDDLETOWN CT 06457
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070020

CROSS-REFERENCE: 072312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 810731
NUMBER OF DIALYSIS STATIONS: 007

HSA:
MSA: 3283

NEW BRITAIN GEN HOSP
100 GRAND ST
NEW BRITAIN CT 06050
INTERMEDIARY NO: 51070
RENAL NETWORK = 27
PROVIDER NO: 070035

CROSS-REFERENCE: 072310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01
DATE APPROVED: 770825
NUMBER OF DIALYSIS STATIONS: 010

HSA: 04
MSA: 3283

THE HOSPITAL OF ST RAPHAEL
1450 CHAPEL ST
NEW HAVEN CT 06511
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070001

CROSS-REFERENCE: 072300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 02
DATE APPROVED: 770926 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 012

YALE NEW HAVEN HOSP
20 YORK ST.
NEW HAVEN CT 06504
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070022

CROSS-REFERENCE: 072305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA: 02
DATE APPROVED: 770831 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 015

TRANSPLANT-UNCONDITIONAL

METABOLISM ASSOCIATES
136 SHERMAN AVE
NEW HAVEN CT 06511
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 072803

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 830921 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 000

NORWALK HOSPITAL
MAPLE STREET
NORWALK CT 06856
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070034

CROSS-REFERENCE: 072309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770826 MSA: 1163
NUMBER OF DIALYSIS STATIONS: 019

WILLIAM W BACKUS HOSP
326 WASHINGTON ST
NORWICH CT 06360
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070024

CROSS-REFERENCE: 072306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 03
DATE APPROVED: 770826 MSA: 5523
NUMBER OF DIALYSIS STATIONS: 006

NE ST REGIONAL DIALYSIS CTR
31 UNION ST
ROCKVILLE CT 06066
INTERMEDIARY NO: 60072
RENAL NETWORK = 27
PROVIDER NO: 070012

CROSS-REFERENCE: 072303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770826 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 010

CHARLOTTE HUNGERFORD HOSP
540 LITCHFIELD ST
TORRINGTON CT 06790
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070011

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 06
DATE APPROVED: 780717 MSA: 3283
NUMBER OF DIALYSIS STATIONS: 006

STATE = CONNECTICUT — RENAL PROVIDER LIST AS OF 12/31/84

WATERBURY HOSP
64 ROBBINS ST
WATERBURY CT 06720
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070005

CROSS-REFERENCE: 072302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 05
DATE APPROVED: 770825 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 008

ST MARYS HOSP
56 FRANKLIN ST
WATERBURY CT 06702
INTERMEDIARY NO: 00060
RENAL NETWORK = 27
PROVIDER NO: 070016

CROSS-REFERENCE: 072304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 05
DATE APPROVED: 770825 MSA: 5483
NUMBER OF DIALYSIS STATIONS: 007

DOVER DIALYSIS CTR INC
748 S NEW ST
DOVER DE 19901
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 082502

BACKUP HOSPITAL: 080001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 781229 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 016

WILMINGTON MEDICAL CTR INC
601 W. 14TH ST.
WILMINGTON DE 19899
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 080001

CROSS-REFERENCE: 082300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 9160
NUMBER OF DIALYSIS STATIONS: 006

BRANDYWINE DIALYSIS CENTER
2300 PENNSYLVANIA AVENUE
WILMINGTON DE 19806
INTERMEDIARY NO: 00070
RENAL NETWORK = 24
PROVIDER NO: 082501

BACKUP HOSPITAL: 080001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 24
DATE APPROVED: 770901 MSA: 9160
NUMBER OF DIALYSIS STATIONS: 027

STATE = WASHINOTDN DC

RENAL PROVIDER LIST AS OF I2/3I/84

DEONDE WASHINOTON UNIV HDSP
2ISO PENNSYLVANIA AVE NW
WASHINOTDN DC 20037
INTERMEDIARY ND: 00080
RENAL NETWONK = 23
PROVIDER ND: 090001

CROSS-REFERENCE: 092300
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TNAININO SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPDRATION-NOT FOR PRDFIT

HCFA REOION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 8840

HOWARD UNIVERSITY HOSPITAL
2112 DEDRDIA AVE NW
WASHINDTDN DC 20060
INTERMEDIARY ND: 00080
RENAL NETWORK = 23
PRDVIDEN NO: 090003

CRDSS-REFERENCE: 092301
APPRDVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 022
TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 8840

OEDRDETDWN UNIV HDSP
3800 RESERVDIR RD NW
WASHINDTDN DC 20007
INTERMEDIARY ND: 00080
RENAL NETWDRK = 23
PROVIDER NO: 090004

CRDSS-REFERENCE: 092302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNDITIDNAL
TYPE DF OWNERSHIP: CDRPORATION-NOT FDR PRDFIT

HCFA REOION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 012
TRANSPLANT-UNCDNDITIONAL

HSA: OI
MSA: 8840

DISTRICT DF COLUMBIA OEN HDSP
19TH & MASS AVE SE
WASHINDTDN DC 20003
INTERMEDIARY ND: 00080
RENAL NETWDRK = 23
PRDVIDER ND: 090007

CRDSS-REFERENCE: 092303
APPRDVED AS: INPATIENT CARE DNLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CITY-ODVERNMENT NON-FEDERAL

HCFA REOION: 03
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIONS: 000

HSA: OI
MSA: 8840

DREATER SE COMMUNITY HDSP
1310 SOUTHERN AVE SE
WASHINDTDN DC 20032
INTERMEDIARY NO: 00080
RENAL NETWDRK = 23
PRDVIDER ND: 090008

CRDSS-REFERENCE: 092306
APPRDVEO AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAININD SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE DF DWNERSHIP: CORPORATIDN-NDT FDR PROFIT

HCFA REGION: 03
DATE APPROVED: 840808
NUMBER DF DIALYSIS STATIONS: 003

HSA:
MSA:

WASHINDTDN HDSP CTR
IIO IRVIND ST NW
WASHINDTDN DC 20010
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER ND: 090011

CRDSS-REFERENCE: 092304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATION-NOT FOR PRDFIT

HCFA REDION: 03
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 8840

8MA DF DUPDNT CIRCLE
11 DUPDNT CIRCLE NW SUITE LL 100
WASHINDTDN DC 20036
INTERMEDIARY ND: 00080
RENAL NETWORK = 23
PROVIDER ND: 092501

8ACKUP HDSPITAL: 090001
APPRDVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL
TYPE DF DWNERSHIP: CDRPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIONS: 029

HSA: 01
MSA: 8840

BMA OF CAPITOL HILL
900 M STREET SE
WASHINGTON DC 20003
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092502

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 026

BMA COLUMBIA HEIGHTS
1106 IRVING ST NW
WASHINGTON DC 20010
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER NO: 092503

BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 020

BMA OF SOUTHEAST WASH.
1350 SOUTHERN AVE SE
WASHINGTON DC 20032
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092505

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 780113 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 012

BMA TAKOMA PARK
247 CARROLL ST NW
WASHINGTON DC 20012
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092506

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800627 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 006

BMA OF NORTHEAST
1302 RHODE ISLAND AVE NE
WASHINGTON DC 20018
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092507

BACKUP HOSPITAL: 210051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWKERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 820720 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 012

AKACOSTIA COMMUNITY DIALYSIS CTR
3929 MINNESOTA AVE NE
WASHINGTON OC 20019
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 092508

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830627 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 007

CHILDREN'S HOSPITAL NAT'L MED CTR
111 MICHIGAN AVE NW
WASHINGTON DC 20010
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 093300

CROSS-REFERENCE: 092305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 840701 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 006

TRANSPLANT-EXCEPTION

STATE = WASHINOTON DC

RENAL PROVIDER LIST AS OF 12/31/84

O.W.U. AMBULATORY DIALYSIS CTN
908 NEW HAMPSHIRE AVE NW.
WASHINGTON OC 20037
INTERMEDIANY NO: 00080
RENAL NETWORK = 23
PROVIOER NO: 093500

APPROVEO AS: OIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SENVICES:
TRAININO SENVICES: . CA
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REQION: 03
DATE APPROVED: 840307
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 0840

SOUTH LAKE ARTIFICIAL KIDNEY CTR
1201 S MAIN ST-BOX 127
BELLE GLADE FL 33430
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 1D2571
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 840822 MSA:
NUMBER OF DIALYSIS STATIONS: 008

BOCA RATON ARTIFICIAL KIDNEY CTR
998 NW 9TH CT
BOCA RATON FL 33432
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102520
BACKUP HOSPITAL: 1DD168
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 896D
NUMBER OF DIALYSIS STATIONS: 015

BRADENTON ARTIFICIAL KIDNEY CENTER
5902 POINTE WEST BLVD
BRADENTON FL 33529
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 1D2538
BACKUP HOSPITAL: 1DD035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 8D0107 MSA: 114D
NUMBER OF DIALYSIS STATIONS: 015

BROOKSVILLE ARTIFICIAL KIDNEY CENTER
617 LAMAR AVE
BROOKSVILLE FL 33512
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 1D2556
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830202 MSA: 828D
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF CLEARWATER
1290 SOUTH MISSOURI AVENUE
CLEARWATER FL 32515
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 1D2528
BACKUP HOSPITAL: 1DD127
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 780630 MSA: 828D
NUMBER OF DIALYSIS STATIONS: 024

CLEARWATER ARTIFICAL KIDNEY CENTER
2565 ENTERPRISE RD
CLEARWATER FL 33515
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 1D2542
BACKUP HOSPITAL: 1DD128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800625 MSA: 828D
NUMBER OF DIALYSIS STATIONS: 012

NW BROWARD ARTIFICAL KIDNEY CENTER
8229 W ATLANTIC BLVD
CORAL SPRINGS FL 33065
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102544
BACKUP HOSPITAL: 1DD21D
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 801114 MSA: 268D
NUMBER OF DIALYSIS STATIONS: 012

STATE = FLORIDA

RENAL PROVIDER LIST AS OF 12/31/84

EAST PASCO DIALYSIS CENTER
3415 U.S. HIGHWAY 301 SOUTH
DADE CITY FL 33525
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102561

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830304
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 8280

COMMUNITY DIALYSIS SERVICE
575 N CLYDE MORRIS BLVD SUITE B
DAYTONA BEACH FL 32014
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102521

BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 021

HSA: DS
MSA: 2020

DELRAY ARTIFICIAL KIDNEY CTR
5210 LINTON BLVD SUITE 105
DELRAY BEACH FL 33445
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102557

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830919
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 8950

IMPERIAL POINT MEDICAL CENTER
6401 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100200

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 771215
NUMBER OF DIALYSIS STATIONS: 000

HSA: 08
MSA: 2580

BROWARD NEPHROLOGY ASSOCIATES
1301 S ANDREWS AVE
FORT LAUDERDALE FL 33316
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102555

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 820901
NUMBER OF DIALYSIS STATIONS: 020

HSA:
MSA: 2580

NORTH BROWARD NEPHROLOGIST ASSOCIATES
1815 E COMMERCIAL BLVD #305
FORT LAUDERDALE FL 33308
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102550

BACKUP HOSPITAL: 100200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830301
NUMBER OF DIALYSIS STATIONS: 014

HSA:
MSA: 2580

FORT MYERS COMMUNITY HOSP INC
3795 EVANS AVE
FORT MYERS FL 33901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100220

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 781218
NUMBER OF DIALYSIS STATIONS: 003

HSA: 05
MSA: 2700

FLORIDA MEDICAL CTR HOSP-ESRD
5000 W. OAKLAND PARK BLVD.
FT LAUDERDALE LAKEFL 33313
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100210

CROSS-REFERENCE: 102310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 08
DATE APPROVED: 840322 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 003

SOUTH FLORIDA ARTIFICIAL KIDNEY CTR
2275 SPANISH COURT
FT MYERS FL 33901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102513

BACKUP HOSPITAL: 102513
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 750901 MSA: 2700
NUMBER OF DIALYSIS STATIONS: 022

SHANDS TEACHING HOSP & CLINICS
JHMHC BOX J-223
GAINESVILLE FL 32610
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100113

CROSS-REFERENCE: 102312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 02
DATE APPROVED: 750901 MSA: 2900
NUMBER OF DIALYSIS STATIONS: 014
TRANSPLANT-UNCONDITIONAL

BMA OF GAINESVILLE
6685 NW 9TH BLVD
GAINESVILLE FL 32605
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102512

BACKUP HOSPITAL: 100082
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 760901 MSA: 2900
NUMBER OF DIALYSIS STATIONS: 016

HIALEAH HOSP
651 E 25 ST
HIALEAH FL 33013
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100053

CROSS-REFERENCE: 102308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 09
DATE APPROVED: 750901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 015

PALMETTO MIAMI/LAKES DIALYSIS CTR
7100 W 20TH AVE,SUITE 0-1
HIALEAH FL 33010
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102530

BACKUP HOSPITAL: 100051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 09
DATE APPROVED: 780501 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 015

MEMORIAL HOSP
3501 JOHNSON ST
HOLLYWOOD FL 33021
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100038

CROSS-REFERENCE: 102306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 08
DATE APPROVED: 760901 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 004

STATE = FLORIDA

RENAL PROVIDER LIST AS OF 12/31/84

SOUTH BROWARD AKC
3700 WASHINGTON ST SUITE 102
HOLLYWOOD FL 33021
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102604

BACKUP HOSPITAL: 100038
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 030

HSA: 08
MSA: 2580

BMA OF HOLLYWOOD
2555 HOLLYWOOD BLVD
HOLLYWOOD FL 33020
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102508

BACKUP HOSPITAL: 100038
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 08
MSA: 2580

HOMESTEAD ARTIFICIAL KIDNEY CTR
125 NE 8TH ST 9587
HOMESTEAD FL 33030
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102566

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830808
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 5000

BAYONET POINT-HUDSON KIDNEY CTR
401 MEDICAL DR-BOX 5480
HUDSON FL 33557
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102563

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 821223
NUMBER OF DIALYSIS STATIONS: 007

HSA:
MSA: 8280

UNIVERSITY HOSP OF JACKSONVILLE (ESRD)
655 WEST EIGHTH STREET
JACKSONVILLE FL 32209
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100001

CROSS-REFERENCE: 102300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 034

HSA: 03
MSA: 3500

RIVERSIDE HOSP
2033 RIVERSIDE AVENUE
JACKSONVILLE FL 32204
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100083

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810511
NUMBER OF DIALYSIS STATIONS: 004

HSA:
MSA: 3600

DIALYSIS CLINIC INC
735 RIVERSIDE AVE
JACKSONVILLE FL 32204
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102531

BACKUP HOSPITAL: 100001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 781213
NUMBER OF DIALYSIS STATIONS: 030

HSA:
MSA: 3500

KEY WEST KIDNEY CENTER
620 SOUTHARD ST
KEY WEST FL 33040
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102543
BACKUP HOSPITAL: 100195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

OSCEOLA ARTIFICIAL KIDNEY CENTER
201 HILDA ST SUITE 23
KISSIMMEE FL 32741
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102559
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 840229 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 004

BIO MEDICAL APPLICATIONS OF LAKE CITY
559 E FRANKLIN ST-BOX 2559
LAKE CITY FL 32055
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102548
BACKUP HOSPITAL: 100082
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810601 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

LAKELAND REGIONAL MED CTR
LAKELAND HILLS BLVD-BOX 448
LAKELAND FL 33802
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100157
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA:
DATE APPROVED: 810114 MSA: 3980
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY DIALYSIS SVCS OF LAKELAND
2445 N 98 HOWY,NORTHSIDE PLAZA
LAKELAND FL 33805
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102524
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 3980
NUMBER OF DIALYSIS STATIONS: 016

S PALM BEACH DIALYSIS CTR
1177 HYPOLUXO RD
LANTANA FL 33462
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102539
BACKUP HOSPITAL: 100080
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800324 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 017

FLORIDA KIDNEY CENTER
4850 WEST OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102559
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830401 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 021

MID-FLORIDA DIALYSIS INC
801 E DIXIE AVE #A-100
LEESBURG FL 32748
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102561

BACKUP HOSPITAL: 100004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 810924 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

MELBOURNE KIDNEY CENTER
1400 SOUTH APOLLO BLVD
MELBOURNE FL 32901
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102617

BACKUP HOSPITAL: 100006
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 4900
NUMBER OF DIALYSIS STATIONS: 025

BREVARD KIDNEY HYPERTENSION CENTER
376 S COURTENAY PARKWAYUNIT 7
MERRITT ISLAND FL 32962
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102663

BACKUP HOSPITAL: 100007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820204 MSA: 4900
NUMBER OF DIALYSIS STATIONS: 015

JACKSON MEMORIAL HOSP-
1611 NW 12TH AVE
MIAMI FL 33136
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100022

CROSS-REFERENCE: 102304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 017

TRANSPLANT-UNCONDITIONAL

MOUNT SINAI MEDICAL CENTER
4300 ALTON RD
MIAMI FL 33140
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100034

CROSS-REFERENCE: 102306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 006

MERCY HOSP
3663 S MIAMI AVE
MIAMI FL 33133
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100061

CROSS-REFERENCE: 102310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 010

PARKWAY GENERAL HOSP-
160 NW 170TH ST
MIAMI FL 33169
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100114

CROSS-REFERENCE: 102313
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 000

AMERICAN HOSP
11750 BIRD ROAD
MIAMI FL 33155
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100209
CROSS-REFERENCE: 102317
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 003

S FL ARTIFICAL KID CENTER INC
8925 SW 148TH ST
MIAMI FL 33176
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102502
BACKUP HOSPITAL: 100022
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 016

BMA OF MIAMI INC
1601 NW 8TH AVE
MIAMI FL 33136
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102503
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 038

BMA OF DADE COUNTY INC
1190 NW 95TH ST #206
MIAMI FL 33150
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102507
BACKUP HOSPITAL: 100034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 019

PERDUE MEDICAL CENTER-ESRD
19590 OLD CUTLER RD
MIAMI FL 33157
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102516
BACKUP HOSPITAL: 100209
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 009

AMERICAN DIALYSIS CENTER INC
11880 BIRD RD. SUITE 405
MIAMI FL 33175
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102522
BACKUP HOSPITAL: 100209
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 760901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 022

INTERAMERICAN DIALYSIS INSTITUTE
2350 SW 84TH AVE
MIAMI FL 33155
INTERMEDIARY NO: 51100
RENAL NETWORK = 19
PROVIDER NO: 102532
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 781202 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 021

MIAMI DIALYSIS CENTER INC
1250 NW 7TH ST #107
MIAMI FL 33125
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102566
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830921 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 010

ST FRANCIS HOSP INC
250 W 63 ST
MIAMI BEACH FL 33141
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100069
CROSS-REFERENCE: 102309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 780901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 018

SUNCOAST DIALYSIS INC
5147 CASTELLO DRIVE
NAPLES FL 33940
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102634
BACKUP HOSPITAL: 100061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 08
DATE APPROVED: 790201 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 014

UNITED DIALYSIS OF NEW PORT RICHEY
2407 S BLVD
NEW PORT RICHEY FL 33662
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102629
BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 04
DATE APPROVED: 780916 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 008

DMA OF NORTH MIAMI BEACH
16800 NW 2ND AVE SUITE 107
NORTH MIAMI BEACH FL 33169
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102609
BACKUP HOSPITAL: 100114
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 09
DATE APPROVED: 750901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 015

NORTH BEACH DIALYSIS CENTER
15401 NW 2ND AVE #100
NORTH MIAMI BEACH FL 33169
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102658
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830223 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 017

OCALA REDIONAL KIDNEY CENTER
221 SW 11TH ST
OCALA FL 32671
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102637
BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790919 MSA: 5790
NUMBER OF DIALYSIS STATIONS: 025

ORLANDO REGIONAL MEDICAL CTR INC
1414 S MUHL AVE
ORLANDO FL 32805
INTERMEDIARY NO: 99990
RENAL NETWORK = 19
PROVIDER NO: 100005

CROSS-REFERENCE: 102301
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 000

FLORIDA HOSP
601 E ROLLINS AVE
ORLANDO FL 32803
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100007

CROSS-REFERENCE: 102302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 007

TRANSPLANT-UNCONDITIONAL

CENTRAL FLORIDA KIDNEY CENTER INC
105 BONNIE LOCH COURT
ORLANDO FL 32805
INTERMEDIARY NO: 99990
RENAL NETWORK = 19
PROVIDER NO: 102505

BACKUP HOSPITAL: 100006
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 025

ORLANDO ARTIFICAL KIDNEY CTR
3100 CLAY AVE SUITE 151
ORLANDO FL 32804
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102511

BACKUP HOSPITAL: 100007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 5960
NUMBER OF DIALYSIS STATIONS: 025

PALM BEACH GARDENS ARTIFICAL KID CTR
3370 BURNS RD #206
PALM BEACH GARDENSFL 33410
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102527

BACKUP HOSPITAL: 100114
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 07
DATE APPROVED: 780801 MSA: 0960
NUMBER OF DIALYSIS STATIONS: 010

PALMETTO ARTIFICIAL KIDNEY CTR
905 9TH AVE EAST
PALMETTO FL 33561
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102552

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830103 MSA: 3600
NUMBER OF DIALYSIS STATIONS: 007

PANAMA CITY ARTIFICIAL KIDNEY CENTER
615 N BONITA AVE-BOX 1936
PANAMA CITY FL 32401
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102514

BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6016
NUMBER OF DIALYSIS STATIONS: 025

BAPTIST HOSP
1000 WEST MORENO STREET
PENSACOLA FL 32501
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100093

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 810714 MSA: 6080
NUMBER OF DIALYSIS STATIONS: 000

WEST FLORIDA HOSP
8385 N DAVIS HIGHWAY
PENSACOLA FL 32504
INTERMEDIARY NO: 62280
RENAL NETWORK = 19
PROVIDER NO: 100231

CROSS-REFERENCE: 102319
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6080
NUMBER OF DIALYSIS STATIONS: 000

NW FLORIDA ARTIFICIAL KIDNEY CTR
1717 NORTH "E" ST #606
PENSACOLA FL 32501
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102801

BACKUP HOSPITAL: 100095
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6080
NUMBER OF DIALYSIS STATIONS: 011

MEDICAL CTR CLINIC DIALYSIS CTR
8333 N DAVIS HWY
PENSACOLA FL 32514
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102618

BACKUP HOSPITAL: 100231
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 6080
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS SER OF PLANT CITY
121 PROSSER DRIVE
PLANT CITY FL 33566
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102684

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820402 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 008

BROWARD CHRONIC HEMODIALYSIS INC
4101 NW 4TH ST,SUITE 207
PLANTATION FL 33317
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102656

BACKUP HOSPITAL: 100039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 800110 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 020

POMPANO ARTIFICIAL KIDNEY CENTER
3800 NE 3RD AVE
POMPANO BEACH FL 33064
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102668

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 840308 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 008

NE BROWARD ARTIFICIAL KIDNEY CTR
3664 NE 18TH TERRACE
POMPANO BEACH FL 33064
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102670
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 040323 MSA: 2680
NUMBER OF DIALYSIS STATIONS: 012

PORT CHARLOTTE ARTIFICIAL KIDNEY CTR
2673 HARBOR BLVD
PORT CHARLOTTE FL 33952
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102649
BACKUP HOSPITAL: 100236
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810803 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

BMA OF SANFORD INC
210 E COMMERICAL ST
SANFORD FL 32771
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102546
BACKUP HOSPITAL: 100007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 801216 MSA: 5950
NUMBER OF DIALYSIS STATIONS: 016

MEMORIAL HOSP
1901 ARLINGTON ST
SARASOTA FL 33679
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100007
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA:
DATE APPROVED: 810306 MSA: 7510
NUMBER OF DIALYSIS STATIONS: 001

SARASOTA ARTIFICIAL KIDNEY CENTER
1428 S TAMIAMI TRAIL
SARASOTA FL 33679
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102515
BACKUP HOSPITAL: 100120
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 750901 MSA: 7510
NUMBER OF DIALYSIS STATIONS: 020

HIGHLANDS ARTIFICIAL KIDNEY CENTER
10 MEDICAL CENTER
SEBRING FL 33870
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102664
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830801 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 007

ST AUGUSTINE DIALYSIS CENTER
11 TREMERTON ST #2
ST AUGUSTINE FL 32084
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102667
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821220 MSA: 3600
NUMBER OF DIALYSIS STATIONS: 008

ALL CHILDREN'S HOSPITAL (ESRD)
801 SIXTH ST SOUTH
ST PETERSBURG FL 33701
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100260

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820927 MSA: 8280
NUMBER OF DIALYSIS STATIONS: D01

BIO MED APPLICATIONS OF ST PETERSBURG
860I 4TH ST NORTH,SUITE 110
ST PETERSBURG FL 33702
INTERMEDIARY NO: 00D90
RENAL NETWORK = 19
PROVIDER NO: I02619

BACKUP HOSPITAL: IDOI28
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: D4
DATE APPROVED: 7609D1 MSA: 8280
NUMBER OF DIALYSIS STATIONS: D2D

SOUTH ST PETERSBURG ART KID CENTER
3261 3RD AVE NORTH #128
ST PETERSBURG FL 33713
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102647

BACKUP HOSPITAL: I00067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: D4 HSA: 04
DATE APPROVED: 801DD1 MSA: 828D
NUMBER OF DIALYSIS STATIONS: D16

INDIAN RIVER ARTIFICAL KIDNEY CENTER
1851 S KANNER HWY
STUART FL 33494
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102826

BACKUP HOSPITAL: 1D0044
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: D4 HSA: D7
DATE APPROVED: 76090I MSA: 27ID
NUMBER OF DIALYSIS STATIONS: D14

TALLAHASSEE MEMORIAL REG MEDICAL CTR
1221 HODGES DRIVE
TALLAHASSEE FL 32308
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100136

CROSS-REFERENCE: 102315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: D4 HSA: DI
DATE APPROVED: 7609D1 MSA: 8240
NUMBER OF DIALYSIS STATIONS: D28

TAMPA GENERAL HOSP
DAVIS ISLAND
TAMPA FL 33606
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: I00128

CROSS-REFERENCE: 102314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: D4 HSA: 04
DATE APPROVED: 7609D1 MSA: 828D
NUMBER OF DIALYSIS STATIONS: D26

TRANSPLANT-UNCONDITIONAL

BIO MEDICAL APPLICATIONS OF TAMPA
402 SOUTH BOULEVARD
TAMPA FL 33606
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: I02506

BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 hSA: D4
DATE APPROVED: 760901 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 026

COMMUNITY DIALYSIS SVCS OF TAMPA
13801 N 30TH ST,SUITE 202
TAMPA FL 33612
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102523

BACKUP HOSPITAL: 100128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 8280
NUMBER OF DIALYSIS STATIONS: 020

BMA OF TARPON SPRINGS INC.
616 SOUTH HUEY AVE
TARPON SPRINGS FL 33589
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102552

BACKUP HOSPITAL: 100127
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 811104 MSA: 0280
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF VENICE
530 S NOKOMIS AVE SUITE 200
VENICE FL 33595
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102535

BACKUP HOSPITAL: 100070
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 790228 MSA: 7510
NUMBER OF DIALYSIS STATIONS: 010

VERO BEACH ARTIFICIAL KIDNEY CENTER
1849 25TH ST
VERO BEACH FL 32950
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102550

BACKUP HOSPITAL: 100010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 810727 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

ST MARYS HOSP
901 45TH STREET
WEST PALM BEACH FL 33407
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 100010

CROSS-REFERENCE: 102303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 015

PALM BEACH MEDICAL GROUP
705 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102510

BACKUP HOSPITAL: 100176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 8960
NUMBER OF DIALYSIS STATIONS: 015

COMMUNITY DIALYSIS SERVICES
1624 6TH ST NW
WINTER HAVEN FL 33881
INTERMEDIARY NO: 00090
RENAL NETWORK = 19
PROVIDER NO: 102545

BACKUP HOSPITAL: 100157
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 810120 MSA: 3980
NUMBER OF DIALYSIS STATIONS: 010

STATE = GEORGIA

RENAL PROVIDER LIST AS OF 12/31/84

OIALYSIS CLINIC INC
507 THIRD AV
ALBANY GA 31701
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112509

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PENITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 025

HSA: 06
MSA: 0120

AMERICUS DIALYSIS FACILITY
1615 S LEE ST
AMERICUS GA 31709
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112520

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830224
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 0000

ATHENS DIALYSIS FACILITY INC
2047 PRINCE AVE # A
ATHENS GA 30610
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112513

BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 770718
NUMBER OF DIALYSIS STATIONS: 030

HSA: 04
MSA: 0500

ATLANTA REGIONAL NEPHROLOGY CTR
80 BUTLER ST SE
ATLANTA GA 30303
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110079

CROSS-REFERENCE: 112307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 014

TRANSPLANT-CONDITIONAL

HSA: 03
MSA: 0520

PIEDMONT HOSP
105 COLLIER RD
ATLANTA GA 30309
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110083

CROSS-REFERENCE: 112308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 013

HSA: 03
MSA: 0520

HENRIETTA EGLESTON HOSP FOR CHILDREN
1405 CLIFTON RD NE
ATLANTA GA 30322
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 110198

CROSS-REFERENCE: 112313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 840105
NUMBER OF DIALYSIS STATIONS: 003

TRANSPLANT-CONDITIONAL

HSA: 03
MSA: 0520

NORTHSIDE DIALYSIS CENTER
993 JOHNSON FERRY RD BLDG 0#130
ATLANTA GA 30342
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112502

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 780901
NUMBER OF DIALYSIS STATIONS: 024

HSA: 03
MSA: 0520

DIALYSIS CLINIC
120 PIEDMONT AVE.
ATLANTA GA 30303
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112503

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0620
NUMBER OF DIALYSIS STATIONS: 040

BIO-MEDICAL APPLICATIONS OF ATLANTA
1595 PHOENIX BLVD #1
ATLANTA GA 30349
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112504

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 0620
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CLINIC INC
649 PEACHTREE ST NE
ATLANTA GA 30308
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112512

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 770606 MSA: 0620
NUMBER OF DIALYSIS STATIONS: 020

DIALYSIS CLINIC INC
820 W PEACHTREE NW
ATLANTA GA 30308
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112522

BACKUP HOSPITAL: 11007B
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 810706 MSA: 0620
NUMBER OF DIALYSIS STATIONS: 020

SW ATLANTA DIALYSIS CTR INC.
3620 MARTIN L KING DR SW
ATLANTA GA 30331
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112523

BACKUP HOSPITAL: 110080
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 810624 MSA: 0620
NUMBER OF DIALYSIS STATIONS: 014

EUGENE TALMADGE MEM HOSP
1120 15TH ST
AUGUSTA GA 30912
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110034

CROSS-REFERENCE: 112303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 014
TRANSPLANT-UNCONDITIONAL

AUGUSTA DIALYSIS CENTER
1109 MEDICAL CTR DR #6A
AUGUSTA GA 30909
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112501

BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 019

WILLETTE WALLACE DIALYSIS CENTER
1402 WALTON WAY
AUGUSTA DA 3090I
INTERMEDIARY NO: 0010I
RENAL NETWORK = 20
PROVIDER NO: 112521
BACKUP HOSPITAL: 110177
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810210 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 013

DLYNN BRUNSWICK DIALYSIS FACILITY
3303 HOPKINS AVE
BRUNWICK GA 31520
INTERMEDIARY NO: 0010I
RENAL NETWORK = 20
PROVIDER NO: 112514
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 07
DATE APPROVED: 770714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 011

SOUTHERN DIALYSIS CEN OF CARROLLTON
218 ALABAMA STREET
CARROLLTON GA 30117
INTERMEDIARY NO: 0010D
RENAL NETWORK = 20
PROVIDER NO: 112620
BACKUP HOSPITAL: 110011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810105 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

THE MEDICAL CTR
710 CENTER ST
COLUMBUS GA 31902
INTERMEDIARY NO: 0010I
RENAL NETWORK = 20
PROVIDER NO: 110064
CROSS-REFERENCE: 112305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 05
DATE APPROVED: 760901 MSA: 1800
NUMBER OF DIALYSIS STATIONS: 025

ATLANTA KEPHROLOGY REFERRAL CTR
4136 NEWTON DR NE
COVINGTON GA 30209
INTERMEDIARY NO: 0010I
RENAL NETWORK = 20
PROVIDER NO: 112533
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 840531 MSA:
NUMBER OF DIALYSIS STATIONS: 008

DALTON DIALYSIS CLINIC
1401 BURLEYSON DRIVE
DALTON GA 30720
INTERMEDIARY NO: 0010G
RENAL NETWORK = 20
PROVIDER NO: 112524
BACKUP HOSPITAL: 110054
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 820111 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

DEKALB DWIN NEPHROLOGY REFERRAL CENTER
497 WINN WAY SUITE 210
DECATUR GA 30030
INTERMEDIARY NO: 0010G
RENAL NETWORK = 20
PROVIDER NO: 112511
BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 770901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 019

DOUOLAS DIALYSIS FACILITY INC
6126 H PRESTLEY MILL RD
DOUOLASVILLE GA 30134
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112526

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 821004 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 005

BIO-MEDICAL APPLICATIONS OF EASTMAN
ORIFFIN ST
EASTMAN GA 31023
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112519

BACKUP HOSPITAL: 110083
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 001019 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

NORTHEAST OEOROIA MEDICAL CENTER
743 SPRINO ST
OAINESVILLE GA 30501
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110029

CROSS-REFERENCE: 112302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: PERITONEAL
TRAININO SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-OOVERNMENT NON-FEDERAL

HCFA REOION: 04 HSA: 02
DATE APPROVED: 750901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 00D

ORIFFIN DIALYSIS FACILITY INC
533 W TAYLOR ST
ORIFFIN GA 30223
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112529

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 830317 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY DIALYSIS SERVICES
1303 S FIRST ST
JESUP GA 31545
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112532

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 840500 MSA:
NUMBER OF DIALYSIS STATIONS: 005

CLAYTON DIALYSIS CENTER
11B STOCKBRIDOE RD
JONESBORO GA 30236
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112517

BACKUP HOSPITAL: 110901
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 790409 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 014

WEST OEOROIA MEDICAL CENTER INC
1514 VERNON RD BOX 1557
LA ORANOE GA 30240
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110015

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REOION: 04 HSA:
DATE APPROVED: 790910 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

CENTRAL GA DIALYSIS CENTER INC
770 PINE ST, SUITE 200
MACON GA 31201
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112606

BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 05
DATE APPROVED: 750901 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 041

MACON DIALYSIS FACILITY INC.
91 BACON-FIELD OFFICE PARK
MACON GA 31211
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112616

BACKUP HOSPITAL: 110034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 05
DATE APPROVED: 781102 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 024

COBB DIALYSIS FACILITY
833 CAMPBELL HILL ST #340
MARIETTA GA 30060
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112610

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 750901 MSA: 0520
NUMBER OF DIALYSIS STATIONS: 019

CANDLER CO HOSP
CEDAR RD P.O. BOX 597
METTER GA 30439
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110096

CROSS-REFERENCE: 112309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 013

COMMUNITY DIALYSIS SERVICE OF NW GA
325-329 W. NINTH ST
ROME GA 30161
INTERMEDIARY NO: 00100
RENAL NETWORK = 20
PROVIDER NO: 112505

BACKUP HOSPITAL: 110079
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 020

SANDERSVILLE DIALYSIS FACILITY
618 S HARRIS ST
SANDERSVILLE GA 31082
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112534

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 840712 MSA:
NUMBER OF DIALYSIS STATIONS: 004

MEMORIAL MEDICAL CENTER
P O BOX 23089
SAVANNAH GA 31403
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110036

CROSS-REFERENCE: 112304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 7520
NUMBER OF DIALYSIS STATIONS: 010

COASTAL DIALYSIS MED CLINIC
1460 EAST VICTORY DRIVE
SAVANNAH GA 31404
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112507

BACKUP HOSPITAL: 110036
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 04 HSA: 07
DATE APPROVED: 760901 MSA: 7620
NUMBER OF DIALYSIS STATIONS: 026

SW GEORGIA DIALYSIS FACILITY
942 S BROAD ST
THOMASVILLE GA 31792
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 110038

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 800714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

KIDNEY DIALYSIS FACILITY OF TIFTON
1617 JOHN ORR DRIVE
TIFTON TIFT GA 31794
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112525

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820830 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

COMMUNITY DIALYSIS SVCS OF SW GA
2704 N OAK ST BLDG H
VALDOSTA GA 31601
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112515

BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITOKEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWKERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 07
DATE APPROVED: 770929 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 020

WARNER ROBINS DIALYSIS FACILITY
128 HOSPITAL DR
WARNER ROBINS GA 31088
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112531

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATIOK-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830718 MSA: 4680
NUMBER OF DIALYSIS STATIONS: 009

WASHINGTON DIALYSIS FACILITY
121 C GORDON ST
WASHINGTON GA 30673
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112527

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 831026 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

DIALYSIS FACILITIES INC
415 ALBANY AV
WAYCROSS GA 31501
INTERMEDIARY NO: 00101
RENAL NETWORK = 20
PROVIDER NO: 112518

BACKUP HOSPITAL: 100113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATIOK-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 790905 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 015

HILO HEMODIALYSIS SATELLITE
140 RAINBOW DR
HILO HI 96720
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123500

BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770814 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

KUAKINI MEDICAL CENTER (ESRD)
347 N KUAKINI STREET
HONOLULU HI 96817
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 120007

CROSS-REFERENCE: 122300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770901 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 002

ST FRANCIS HOSPITAL
2230 LILIHA ST.
HONOLULU HI 96817
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 120010

CROSS-REFERENCE: 122301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770826 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 030

TRANSPLANT-UNCONDITIONAL

KUAKINI KIDNEY DISEASE CTR
347 N KUAKINI ST
HONOLULU HI 96817
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 122501

BACKUP HOSPITAL: 120007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA: 04
DATE APPROVED: 830801 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 025

KAUAI HEMODIALYSIS SATELLITE
4438 KUENE ST #22
LIHUE HI 96766
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123502

BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770813 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

MAUI HEMODIALYSIS SATELLITE
255 MAHALANI ST
MAUI HI 96793
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123501

BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09 HSA: 01
DATE APPROVED: 770815 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

WAHIAWA DIALYSIS FACILITY
128 LEHUA STREET
WAHIAWA HI 96786
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 122500

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 09 HSA:
DATE APPROVED: 830801 MSA: 3320
NUMBER OF DIALYSIS STATIONS: 006

LEEWARD SATELLITE FACILITY
94-229 LEOKU ST
WAIPAH HI 96797
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 123503

BACKUP HOSPITAL: 120010
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 09
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 3920

ST ALPHONSUS REGIONAL MED CTR
1055 NORTH CURTIS ROAD
BOISE ID 83704
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130007

CROSS-REFERENCE: 132301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 1080
NUMBER OF DIALYSIS STATIONS: 005

IDAHO FALLS CONSOLIDATED HOSP.
2525 S. BLVD-BOX 2077
IDAHO FALLS ID 83401
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130011

CROSS-REFERENCE: 132300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

ST BENEDICT'S HOSPITAL-ESNO
709 N LINCOLN
JEROME ID 83338
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130029

CROSS-REFERENCE: 132302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA:
DATE APPROVED: 840207 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 002

POCATELLO REGIONAL MEDICAL CTR
777 HOSPITAL WAY
POCATELLO ID 83201
INTERMEDIARY NO: 00110
RENAL NETWORK = 02
PROVIDER NO: 130008

CROSS-REFERENCE: 132303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA:
DATE APPROVED: 841011 MSA:
NUMBER OF DIALYSIS STATIONS: 008

AURORA KIDNEY CENTER
516 SOUTH LINCOLN AVENUE
AURORA IL 60505
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142515
BACKUP HOSPITAL: 140029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 09
DATE APPROVED: 77D901 MSA: 062D
NUMBER OF DIALYSIS STATIONS: D13

ST ELIZABETH HOSPITAL
211 SOUTH 3RD STREET
BELLEVILLE IL 62221
INTERMEDIARY NO: 00121
RENAL NETWORK = 09
PROVIDER NO: 140187
CROSS-REFERENCE: 14232D
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 11
DATE APPROVED: 820920 MSA: 2285
NUMBER OF DIALYSIS STATIONS: 000

RENAL CARE OF ILLINOIS
6106 W MAIN ST
BELLEVILLE IL 62223
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 142527
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: D20908 MSA: 2285
NUMBER OF DIALYSIS STATIONS: D16

BLOOMINGTON HOSPITAL ESRD UNIT
203 LOCUST ST
BLOOMINGTON IL 61701
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 143610
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 81D601 MSA: 1040
NUMBER OF DIALYSIS STATIONS: 006

BIO MEDICAL APPLICATIONS
WESTOWNMALL
CARBONDALE IL 629D1
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142514
BACKUP HOSPITAL: 14D14B
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

MT SINAI HOSP MEDICAL CENTER
CALIFORNIA & 15TH AVE
CHICAGO IL 6D6D8
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140D18
CROSS-REFERENCE: 1423D2
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 77D9D1 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: 009

MICHAEL REESE HOSP MEDICAL CENTER
26TH ST & ELLIS AVE
CHICAGO IL 6D616
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 14DD75
CROSS-REFERENCE: 1423D7
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 77D9D1 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: 023

EDGEWATER HOSPITAL
6700 N ASHLAND AVENUE
CHICAGO IL 60660
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140087

CROSS-REFERENCE: 142309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 008

UNIVERSITY OF CHICAGO HOSP AND CLINIC
6041 S MARYLAND
CHICAGO IL 60637
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140085

CROSS-REFERENCE: 142310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016

TRANSPLANT-UNCONDITIONAL

RUSH-PRESBYTERIAN-ST LUKES MED CTR
1753 WEST CONGRESS PARKWAY
CHICAGO IL 60612
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140119

CROSS-REFERENCE: 142312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-CONDITIONAL

COOK COUNTY HOSPITAL
1826 W HARRISON ST
CHICAGO IL 60612
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140124

CROSS-REFERENCE: 142313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 012

UNIVERSITY OF ILLINOIS HOSPITAL
840 S WOOD ST
CHICAGO IL 60612
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140160

CROSS-REFERENCE: 142316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-UNCONDITIONAL

CHICAGO CENTER HOSPITAL
426 WEST WISCONSIN
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140163

CROSS-REFERENCE: 142317
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 821101 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

CHICAGO OSTEOPATHIC MEDICAL CTR
6200 S ELLIS AVENUE
CHICAGO IL 60615
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140172

CROSS-REFERENCE: 142319
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 820922 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

ST JOSEPHS HOSP
2900 NORTH LAKE SHORE DRIVE
CHICAGO IL 60657
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140224

CROSS-REFERENCE: 142326
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 031184 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

NORTHWESTERN MEMORIAL HOSPITAL
250 E SUPERIOR, RM 446
CHICAGO IL 60611
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140281

CROSS-REFERENCE: 142330
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 70901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 026
TRANSPLANT-UNCONDITIONAL

NEOMEDICA DIALYSIS CTR INC.-NORTH
4800 N KILPATRICK AVE
CHICAGO IL 60630
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142501

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 022

NEOMEDICA DIALYSIS CTR INC-LOOP
55 E SUPERIOR ST
CHICAGO IL 60611
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142502

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 043

NORTH CENTRAL DIALYSIS CENTERS SC
55 EAST WASHINGTON 11TH FLOOR
CHICAGO IL 60602
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142505

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 020

CHICAGO KIDNEY CTR
540 W. WASHINGTON
CHICAGO IL 60505
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142506

BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 035

SOUTH SIDE DIALYSIS UNIT
7721 S WESTERN
CHICAGO IL 60623
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142508

BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 030

JACKSON PARK DIALYSIS UNIT
7531 SOUTH STONEY ISLAND
CHICAGO IL 60649
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142516

BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 77D90I
NUMBER OF DIALYSIS STATIONS: D22

HSA: D6
MSA: I60D

NEOMEDICA DIALYSIS CTR INC-SOUTH
9212 S. CHICAGO AVE.
CHICAGO IL 60617
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142519

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 78I015
NUMBER OF DIALYSIS STATIONS: D31

HSA:
MSA: 16DD

NORTH CENTRAL DIALYSIS
2277 W HOWARD
CHICAGO IL 62645
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142522

BACKUP HOSPITAL: 140088
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 79I22I
NUMBER OF DIALYSIS STATIONS: DI6

HSA:
MSA: I60D

BELMONT DIALYSIS CENTER
4848 WEST BELMONT
CHICAGO IL 60641
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142523

BACKUP HOSPITAL: 140D1D
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 79I203
NUMBER OF DIALYSIS STATIONS: D1D

HSA: D6
MSA: I50D

NEOMEDICA DIALYSIS CTR INC-SW
3800 S EMERALD AVE
CHICAGO IL 60609
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142524

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: B009D1
NUMBER OF DIALYSIS STATIONS: D2D

HSA: 05
MSA: I600

LINCOLN PARK NEPHROLOGY ASSOC.
2051 SEDGWICK
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142528

BACKUP HOSPITAL: 140183
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 821101
NUMBER OF DIALYSIS STATIONS: 011

HSA: D5
MSA: I5DD

HYDE PARK KIDNEY CTR
1437-39 EAST 53RD ST
CHICAGO IL 60615
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142529

BACKUP HOSPITAL: 140172
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: B20922
NUMBER OF DIALYSIS STATIONS: DI4

HSA: D6
MSA: I60D

NEOMEDICA DIALYSIS CTR INC-NE
2800 N. SHERIDAN RD
CHICAGO IL 60657
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142631

BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 831104
NUMBER OF DIALYSIS STATIONS: 013

HSA: 05
MSA: 1600

CHILDREN'S MEMORIAL HOSPITAL
2300 CHILDREN'S PLAZA
CHICAGO IL 60614
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 143300

CROSS-REFERENCE: 142331
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 830901
NUMBER OF DIALYSIS STATIONS: 004

TRANSPLANT-CONDITIONAL

HSA: 05
MSA: 1600

CRYSTAL LAKE AMBUTAL
4900 SOUTH ROUTE 31
CRYSTAL LAKE IL 60014
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 143609

BACKUP HOSPITAL: 140030
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 810125
NUMBER OF DIALYSIS STATIONS: 004

HSA: 04
MSA: 1600

LAKEVIEW MEDICAL CENTER
812 NORTH LOGAN AVE
DANVILLE IL 61832
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140219

CROSS-REFERENCE: 142326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 011

HSA: 04
MSA: 0000

DECATUR LIMITED CARE FACILITY
2300 NORTH EDWARDS
DECATUR IL 62626
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 143505

BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008

HSA: 03
MSA: 7880

KATHERINE SHAW BETHEA DIALYSIS UNIT
303 E FIRST ST
DIXON IL 61021
INTERMEDIARY NO: 61140
RENAL NETWORK = 15
PROVIDER NO: 143608

BACKUP HOSPITAL: 140239
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 781002
NUMBER OF DIALYSIS STATIONS: 004

HSA: 01
MSA: 0000

EFFINGHAM LIMITED CARE FACILITY
205 N 4TH ST
EFFINGHAM IL 62401
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 143501

BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 010

HSA: 06
MSA: 7880

SHERMAN HOSPITAL DIALYSIS CENTER
934 CENTER STREET
ELGIN IL 60120
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 14DD3D

CROSS-REFERENCE: 142303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 08
DATE APPROVED: 77090I MSA: 062D
NUMBER OF DIALYSIS STATIONS: 005

ALEXIAN BROTHERS KIDNEY CTR
800 BIESTERFIELD RD
ELK GROVE VILLAGE IL 60007
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 142SD7

BACKUP HOSPITAL: 14DD49
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77090I MSA: I500
NUMBER OF DIALYSIS STATIONS: 005

ELMHURST MEMORIAL HOSPITAL
200 BERTEAU AVE
ELMHURST IL 60126
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 140200

CROSS-REFERENCE: 142322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77090I MSA: I50D
NUMBER OF DIALYSIS STATIONS: 019

EVANSTON HOSPITAL
2660 RIDGE AVE
EVANSTON IL 60201
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 14DD1D

CROSS-REFERENCE: 142300
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77D90I MSA: I600
NUMBER OF DIALYSIS STATIONS: 000

BIO-MEDICAL APPLICATIONS OF EVANSTON
1601 SHERMAN AVE
EVANSTON IL 60201
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 142511

BACKUP HOSPITAL: 14DD1D
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77090I MSA: 150D
NUMBER OF DIALYSIS STATIONS: 015

GALESBURG COTTAGE HOSPITAL
695 N KELLOGG ST
GALESBURG IL 61401
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 14004D

CROSS-REFERENCE: 142304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 77D901 MSA: 00DD
NUMBER OF DIALYSIS STATIONS: 007

INGALLS MEMORIAL HOSPITAL
ONE INGALLS DRIVE
HARVEY IL 60426
INTERMEDIARY NO: 00121
RENAL NETWORK - 15
PROVIDER NO: 14D191

CROSS-REFERENCE: 142321
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77D90I MSA: 15D0
NUMBER OF DIALYSIS STATIONS: 017

HIGHLAND PARK HOSPITAL
718 OLENVIEW AVENUE
HIGHLAND PARK IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140108

60036
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 801105
NUMBER OF DIALYSIS STATIONS: 008
HSA: 08
MSA: 3955

DUPAGE DIALYSIS LTD
440 E ODDEN AVE
HINSDALE IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142620

60621
BACKUP HOSPITAL: 140200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 790810
NUMBER OF DIALYSIS STATIONS: 010
HSA: 07
MSA: 1600

JACKSONVILLE LIMITED CARE FACILITY
1616 W WALNUT ST
JACKSONVILLE IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 143505

62660
BACKUP HOSPITAL: 140148
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000
HSA: 03
MSA: 7080

SILVER CROSS HOSP
1200 MAPLE RD
JOLIET IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140213

60432
CROSS-REFERENCE: 142324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 014
HSA: 09
MSA: 3690

ST MARYS HOSP
500 W COURT ST
KANKAKEE IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140166

60901
CROSS-REFERENCE: 142318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 014
HSA: 07
MSA: 3740

YORKTOWN DIALYSIS CENTER
2821 FAIRFIELD AVE
LOMBARD IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142503

60148
BACKUP HOSPITAL: 140049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008
HSA: 07
MSA: 1600

LOYOLA UNIV MEDICAL CENTER
2160 S 1ST ST
MAYWOOD IL
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140276

60153
CROSS-REFERENCE: 142329
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 016
TRANSPLANT-UNCONDITIONAL
HSA: 07
MSA: 1600

MOLINE PUBLIC HOSPITAL
636 10TH AVE
MOLINE IL 61265
INTERMEDIARY NO: 00121
RENAL NETWORK = 08
PROVIDER NO: 140204
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 811019 MSA: 1960
NUMBER OF DIALYSIS STATIONS: 000

QUAD CITIES RENAL CENTER
560 30TH AVE
MOLINE IL 61265
INTERMEDIARY NO: 00121
RENAL NETWORK = 08
PROVIDER NO: 142626
BACKUP HOSPITAL: 140204
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 810803 MSA: 1960
NUMBER OF DIALYSIS STATIONS: 011

MOUNT VERNON KIDNEY CENTER
2401 VETERANS MEMORIAL DR
MOUNT VERNON IL 62864
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142632
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 831116 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

NILES DAY JOHN SPRINGMAN SATEL UNIT
7332 MILWAUKEE AVE.
NILES IL 60648
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142600
BACKUP HOSPITAL: 140010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 016

NEDMEDICA DIALYSIS CTR INC-NW
4701 N CUMBERLAND
NORRIDGE IL 60666
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142621
BACKUP HOSPITAL: 140224
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 791017 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 006

CHRIST HOSPITAL
4440 W 95TH STREET
OAK LAWN IL 60453
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 140208
CROSS-REFERENCE: 142323
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 000

NORTH CENTRAL DIALYSIS CENTERS
9115 S CICERO AVE
OAK LAWN IL 60453
INTERMEDIARY NO: 00121
RENAL NETWORK = 16
PROVIDER NO: 142618
BACKUP HOSPITAL: 140208
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 780601 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 024

WEST SUBURBAN HDSPITAL MEDICAL CENTER
ERIE AT AUSTIN BDULEVARD
OAK PARK IL 60302
INTERMEDIARY ND: 00121
RENAL NETWORK = 15
PRDVIDER ND: 140049

CRDSS-REFERENCE: 142308
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CORPDRATIDN-NDT FDR PRDFIT

HCFA REDIDN: D5 HSA: D7
DATE APPRDVED: 03D201 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: DDD

DAN PARK COMMUNITY DIALYSIS CTR.
733 W MADISDN ST
OAK PARK IL 60302
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER ND: 142504

BACNUP HDSPITAL: 14DD49
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: CORPDRATION-FDR PRDFIT

HCFA REDION: D5 HSA: D7
DATE APPROVED: 77D9D1 MSA: 16DD
NUMBER DF DIALYSIS STATIONS: D22

WEST SUBURBAN HOSP DIALYSIS UNIT
ERIE AT AUSTIN
OAK PARK IL 60302
INTERMEDIARY ND: 00121
RENAL NETWORK = 15
PROVIDER NO: 142530

BACKUP HDSPITAL: 14D119
APPRDVED AS: DIALYSIS FACILITY NON-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CDRPORATIDN-FDR PROFIT

HCFA REDION: D5 HSA:
DATE APPROVED: 03D2D1 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: D12

SDUTH SUBURBAN NIDNEY UNIT
2601 W LINCOLN HIGHWAY
OLYMPIA FIELDS IL 6D641
INTERMEDIARY ND: DD121
RENAL NETWDRK = 15
PROVIDER ND: 142517

BACKUP HDSPITAL: 14D191
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: CDRPORATION-FOR PRDFIT

HCFA REDION: D5 HSA: 07
DATE APPHOVED: 78D4D6 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: D22

KORTHWEST SUBURBAN NEPHRDLOGY CENTER
6DD NORTHCOURT ST
PALATINE IL 6DD67
IKTERMEDIARY ND: DD121
RENAL NETWORK = 15
PRDVIDER ND: 142512

BACKUP HDSPITAL: 14DD1D
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININD SERVICES: , CA
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REDION: D5 HSA: 07
DATE APPROVED: 77D9D1 MSA: 16DD
NUMBER OF DIALYSIS STATIONS: D12

ST FRANCIS MEDICAL CENTER
1124 N BERKELEY
PEDRIA IL 616D3
IKTERMEDIARY ND: DD121
RENAL NETWDRN = 15
PRDVIDER ND: 140D67

CRDSS-REFERENCE: 1423D6
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CORPORATIDN-NDT FDR PROFIT

HCFA REDIDN: D5 HSA: D2
DATE APPRDVED: 77D9D1 MSA: 612D
NUMBER DF DIALYSIS STATIONS: D27

BLESSING HDSP
10D5 BROADWAY
QUIKCY IL 623D1
IKTERMEDIARY NO: DD121
RENAL NETWORK = 15
PROVIDER ND: 14DD15

CRDSS-REFERENCE: 1423D1
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-NDT FDR PROFIT

HCFA REDION: D5 HSA: D3
DATE APPRDVED: 77D9D1 MSA: DDDD
NUMBER OF DIALYSIS STATIONS: D12

ROCKFDRD MEM HDSP
2400 N ROCKTON AVE
RDCKFDRO IL 61101
INTERMEOIANY ND: 00122
RENAL NETWONK = 15
PROVIOER NO: 140239

CNDSS-REFERENCE: 142320
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SENVICES:
TRAININD SENVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIDNAL
TYPE DF DWNERSHIP: CDRPDRATIDN-NDT FOR PRDFIT

HCFA REOIDN: 05
DATE APPRDVED: 770901
NUMBER OF DIALYSIS STATIONS: 016

HSA: 01
MSA: 5880

MEDMEDICA DIALYSIS CTR INC
1545 HICKS RO
RDLLINO MEADOWS IL 60008
INTERMEOIARY ND: 00121
RENAL NETWORK = 15
PROVIOER NO: 142525

BACKUP HDSPITAL: 140224
APPRDVEO AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL
MINIMUM UTILIZATIDN RATES: OIALYSIS-CONDITIDNAL
TYPE OF OWNERSHIP: CDRPDRATIDN-FOR PRDFIT

HCFA REOIDN: 05
DATE APPRDVED: 810105
NUMBER OF DIALYSIS STATIONS: 005

HSA: 07
MSA: 1600

ST MAROARET HOSP ESRD UNIT
800 EAST FIRST ST
SPRINO VALLEY IL 61382
INTERMEDIARY ND: 00121
RENAL NETWORK = 15
PROVIOER NO: 143811

APPROVEO AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNOITIDNAL
TYPE DF OWNERSHIP: CDRPORATIDN-NOT FOR PROFIT

HCFA REOIDN: 05
OATE APPRDVED: 810527
NUMBER DF DIALYSIS STATIONS: 008

HSA:
MSA: 0000

MEMORIAL MEDICAL CENTER
800 N RUTLEDOE ST
SPRINDFIELO IL 62781
INTERMEDIARY ND: 00121
RENAL NETWDRK = 15
PROVIDER ND: 140148

CRDSS-REFERENCE: 142315
APPRDVEO AS: TRANSPLANT OIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININD SERVICES: , CA
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCDNOITIDNAL
TYPE DF OWNERSHIP: CDRPORATION-NOT FDR PRDFIT

HCFA REOIDN: 05
OATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIONS: 000

TRANSPLANT-UNCDNOITIDNAL

HSA: 03
MSA: 7880

SPRINOFIELO LIMITED CARE FACILITY
2 DRAWOHIOOE RO
SPRINDFIELO IL 62704
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PRDVIOER NO: 143804

BACKUP HDSPITAL: 140148
APPRDVEO AS: OIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCDNOITIDNAL
TYPE DF OWNERSHIP: CDRPORATION-NDT FDR PRDFIT

HCFA REGIDN: 05
OATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIDNS: 017

HSA: 03
MSA: 7880

MERCY HDSPITAL
1400 W PARK ST
URBANA IL 61801
INTERMEOIARY NO: 00121
RENAL NETWDRK = 15
PRDVIDER ND: 140113

CROSS-REFERENCE: 142311
APPRDVEO AS: DIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SERVICES: HEMODIALYSIS, CAPO
MINIMUM UTILIZATIDN RATES: OIALYSIS-UNCDNOITIDNAL
TYPE OF OWNERSHIP: CDRPORATION-NDT FOR PROFIT

HCFA REOIDN: 05
DATE APPRDVED: 770901
NUMBER DF DIALYSIS STATIDNS: 010

HSA: 04
MSA: 1400

VICTORY MEMORIAL HDSPITAL
1324 NDRTH SHERIOAN RDAD
WAUKEOAN IL 60085
INTERMEOIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 140084

CROSS-REFERENCE: 142308
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE DF OWNERSHIP: CDRPDRATIDN-NDT FOR PRDFIT

HCFA REGIDN: 05
DATE APPROVED: 770901
NUMBER DF DIALYSIS STATIDNS: 014

HSA: 08
MSA: 3965

CENTRAL DUPAGE HOSP KIDNEY CTR
025 N. WINFIELD
WINFIELD IL 60190
INTERMEDIARY NO: 00121
RENAL NETWORK = 15
PROVIDER NO: 142509

BACKUP HOSPITAL: 14D049
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 77D901 MSA: 1600
NUMBER OF DIALYSIS STATIONS: 012

ST ANTHONY MEDICAL CENTER
MAIN AND FRANCISCAN RD
CROWN POINT IN 46307
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150126

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 811121 MSA: 2960
NUMBER OF DIALYSIS STATIONS: 006

TRI-STATE RENAL DISEASE CENTER
3700 WASHINGTON AVENUE
EVANSVILLE IN 47715
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150100

CROSS-REFERENCE: 152307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 2440
NUMBER OF DIALYSIS STATIONS: 030

THE LUTHERAN HOSP OF FORT WAYNE
3024 FAIRFIELD AVE
FORT WAYNE IN 46807
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150017

CROSS-REFERENCE: 152302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2760
NUMBER OF DIALYSIS STATIONS: 026

ST MARGARET HOSP
5454 HOHMAN AVE
HAMMOND IN 46320
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150004

CROSS-REFERENCE: 152300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2960
NUMBER OF DIALYSIS STATIONS: 031

INDIANA UNIVERSITY HOSPITALS
1100 WEST MICHIGAN ST
INDIANAPOLIS IN 46202
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150032

CROSS-REFERENCE: 152304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 027

TRANSPLANT-UNCONDITIONAL

METHODIST HOSP OF INDIANA INC
1604 N CAPITOL AV
INDIANAPOLIS IN 46202
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150056

CROSS-REFERENCE: 152306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

ST VINCENT HOSPITAL
1717 W 86TH ST
INDIANAPOLIS IN 46260
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150084

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 780302 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 013

DIALYSIS INSTITUTE OF INDIANA INC
2140 N CAPITOL AVE
INDIANAPOLIS IN 46224
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 162600

BACKUP HOSPITAL: 160026
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811001 MSA: 3480
NUMBER OF DIALYSIS STATIONS: 044

ST ELIZABETH HOSP MED CENTER
1601 HARTFORD STREET
LAFAYETTE IN 47904
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 160003

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790601 MSA: 3920
NUMBER OF DIALYSIS STATIONS: 010

ST MARGARET HOSPITAL SOUTHLAKE UNIT
8701 BROADWAY
MERRILLVILLE IN 46410
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 163600

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811126 MSA: 2960
NUMBER OF DIALYSIS STATIONS: 004

BALL MEM HOSP ASSOCIATION INC
2401 UNIVERSITY AVE
MUNCIE IN 47302
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150089

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 790611 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPHS HOSP
811 E MADISON ST
SOUTH BEND IN 46617
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 150012

CROSS-REFERENCE: 152301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770901 MSA: 7000
NUMBER OF DIALYSIS STATIONS: 030

UNION HOSPITAL INC
1606 N 7TH ST
TERRE HAUTE IN 47801
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 160023

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 800829 MSA: 8320
NUMBER OF DIALYSIS STATIONS: 008

GOOD SAMARITAN HOSPITAL
520 SOUTH 7TH STREET
VINCENNES IN 47591
INTERMEDIARY NO: 00130
RENAL NETWORK = 16
PROVIDER NO: 160042

CROSS-REFERENCE: 152305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

MARY GREELEY MEDICAL CTR(E6RO)
117 11TH ST
AMES IA 50010
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160030

CROSS-REFERENCE: 162304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 07
DATE APPROVED: 770728
NUMBER OF DIALYSIS STATIONS: 007

HSA: 01
MSA: 0000

ST LUKE'S HOSP
1227 E RUSHOLME ST
DAVENPORT IA 52803
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160026

CROSS-REFERENCE: 162303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770728
NUMBER OF DIALYSIS STATIONS: 016

HSA: 03
MSA: 1960

IOWA LUTHERAN HOSP
E. UNIVERSITY AT PENN
DES MOINES IA 50316
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160024

CROSS-REFERENCE: 162302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770830
NUMBER OF DIALYSIS STATIONS: 019

HSA: 01
MSA: 2120

TRI-STATE DIALYSIS
320 N GRANDVIEW
DUBUQUE IA 52001
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: I62600

BACKUP HOSPITAL: 160060
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 800917
NUMBER OF DIALYSIS STATIONS: 007

HSA:
MSA: 2200

TRINITY REG HOSP
S KENYON RD
FORT DODGE IA 50601
INTERMEDIARY NO: 00141
RENAL NETWORK = 08
PROVIDER NO: I60016

CROSS-REFERENCE: 162300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07
DATE APPROVED: 770829
NUMBER OF DIALYSIS STATIONS: 008

HSA: 01
MSA: 0000

VA HOSP
HIGHWAY 6 W
IOWA CITY IA 52240
INTERMEDIARY NO: 99990
RENAL NETWORK = 08
PROVIDER NO: I6004F

CROSS-REFERENCE: 162305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 07
DATE APPROVED: 770727
NUMBER OF DIALYSIS STATIONS: 016

HSA: 01
MSA: 3600

UNIVERSITY OF IOWA HOSP CLINICS
NEWTON RD
IOWA CITY IA 52242
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160058

CROSS-REFERENCE: 162306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 07
DATE APPROVED: 770830
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 3500

HENRY CO HEALTH CTR
SAUNDERS PARK
MOUNT PLEASANT IA 52641
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160106

CROSS-REFERENCE: 162308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770728 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 000

MARIAN HEALTH CENTER
801 6TH ST
SIOUX CITY IA 51101
INTERMEDIARY NO: 00141
RENAL NETWORK = 08
PROVIDER NO: 160153

CROSS-REFERENCE: 162301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770727 MSA: 7720
NUMBER OF DIALYSIS STATIONS: 010

ST FRANCIS HOSP
3421 W 9TH ST
WATERLOO IA 50702
INTERMEDIARY NO: 00140
RENAL NETWORK = 08
PROVIDER NO: 160067

CROSS-REFERENCE: 162307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770720 MSA: 0920
NUMBER OF DIALYSIS STATIONS: 010

ST FRANCIS DIALYSIS FAC-DODGE CITY
100 ROSS BLVD
DODGE CITY KS 67801
INTERMEDIARY NO: 00160
RENAL NETWORK = 09
PROVIDER NO: 173600
BACKUP HOSPITAL: 170122
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 840227 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

UNIVERSITY OF KANSAS MEDICAL CENTER
39TH ST & RAINBOW BLVD
KANSAS CITY KS 66103
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 170040
CROSS-REFERENCE: 172301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 07 HSA: 04
DATE APPROVED: 770829 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 016
TRANSPLANT-CONDITIONAL

JOHNSON COUNTY DIALYSIS INC
8303 MELROSE
LENEXA KS 66214
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 172501
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 830606 MSA: 8440
NUMBER OF DIALYSIS STATIONS: 013

ASBURY HOSP
400 S SANTA FE
SALINA KS 67401
INTERMEDIARY NO: 00160
RENAL NETWORK = 09
PROVIDER NO: 170012
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA:
DATE APPROVED: 801101 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

ST FRANCIS HOSP AND MED CTR
1700 W 7TH ST
TOPEKA KS 66606
INTERMEDIARY NO: 00160
RENAL NETWORK = 09
PROVIDER NO: 170015
CROSS-REFERENCE: 172300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 02
DATE APPROVED: 770721 MSA: 8440
NUMBER OF DIALYSIS STATIONS: 015

ST FRANCIS HOSP
929 N ST FRANCIS AVE
WICHITA KS 67214
INTERMEDIARY NO: 00160
RENAL NETWORK = 09
PROVIDER NO: 170122
CROSS-REFERENCE: 172303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 07 HSA: 03
DATE APPROVED: 800707 MSA: 9040
NUMBER OF DIALYSIS STATIONS: 043
TRANSPLANT-UNCONDITIONAL

ASHLAND KIDNEY CENTER
2140 WINCHESTER AVE
ASHLAND KY 41101
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182510
BACKUP HOSPITAL: 180018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 811109 MSA: 3400
NUMBER OF DIALYSIS STATIONS: 009

HIGHLANDS DIALYSIS FACILITY
P.O. BOX 9
AUXIER KY 41602
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182507
BACKUP HOSPITAL: 180005
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790402 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

BOWLING GREEN HEMODIALYSIS CENTER
1834 LYDA AVE
BOWLING GREEN KY 42101
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182505
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 780816 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

DIALYSIS CLINIC INC
508 S MAIN ST
CORBIN KY 40701
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182508
BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800114 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY LIMITED CARE DIALYSIS CTR
900 MEDICAL VILLAGE DR
EDGEWOOD KY 41017
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182511
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830802 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 005

WOODLAND DIALYSIS FACILITY
912 WOODLAND DR
ELIZABETHTOWN KY 42701
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182504
BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 007

JENNIE STUART MEMORIAL HOSP
HOSPITAL LANE
HOPKINSVILLE KY 42240
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180051
CROSS-REFERENCE: 182304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 1660
NUMBER OF DIALYSIS STATIONS: 004

UNIVERSITY OF KENTUCKY MEDICAL CENTER
800 ROSE STREET
LEXINGTON KY 40536
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180067

CROSS-REFERENCE: 182306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 4280
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

DIALYSIS CLINIC INC
1353 LEESTOWN RD
LEXINGTON KY 40508
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182502

BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 4280
NUMBER OF DIALYSIS STATIONS: 020

JEWISH HOSP
217 E CHESTNUT ST
LOUISVILLE KY 40202
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180040

CROSS-REFERENCE: 182302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4620
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-UNCONDITIONAL

U OF LOUISVILLE RENAL DIALYSIS UNIT
500 S FLOYD
LOUISVILLE KY 40292
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182601

BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4620
NUMBER OF DIALYSIS STATIONS: 014

BIO MEDICAL APPLICATIONS OF LOUISVILLE
224 E BROADWAY
LOUISVILLE KY 40202
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182603

BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 4620
NUMBER OF DIALYSIS STATIONS: 031

TROVER CLIN FOUNDATION RENAL DIALYSIS
638 N FRANKLIN ST
MADISONVILLE KY 42431
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182606

BACKUP HOSPITAL: 180040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 780920 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

DIALYSIS CLINIC INC
445 CLINIC DR
MOREHEAD KY 40361
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 182609

BACKUP HOSPITAL: 180067
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 800407 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

OWENSBORO-DAVIESS CO HOSP-
1101 PEARL ST.HOSP.SQ.
OWENSBORO KY 42301
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180038

CROSS-REFERENCE: 182301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 5990
NUMBER OF DIALYSIS STATIONS: 006

LOURDES HOSP
1530 LONE OAK ROAD
PADUCAH KY 42001
INTERMEDIARY NO: 00160
RENAL NETWORK = 17
PROVIDER NO: 180102

CROSS-REFERENCE: 182306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

BMA OF ALEXANDRIA INC.
406 THIRD ST
ALEXANDRIA LA 71301
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192603

BACKUP HOSPITAL: 190122
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 0220
NUMBER OF DIALYSIS STATIONS: 024

EARL K LONG HOSPITAL
5825 AIRLINE HIGHWAY
BATON ROUGE LA 70806
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190122

CROSS-REFERENCE: 192309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 0760
NUMBER OF DIALYSIS STATIONS: 003

BIO-MEDICAL APPLICATIONS-BATON ROUGE
624 COLONIAL DR
BATON ROUGE LA 70806
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192601

BACKUP HOSPITAL: 190122
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 0760
NUMBER OF DIALYSIS STATIONS: 024

BMA OF BATON ROUGE-CENTRAL
5348 FLANDERS DR
BATON ROUGE LA 70809
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192624

BACKUP HOSPITAL: 190122
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 820615 MSA: 0760
NUMBER OF DIALYSIS STATIONS: 012

WASHINGTON PARISH DIALYSIS CENTER
410 AVENUE B
BOGALUSA LA 70427
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192608

BACKUP HOSPITAL: 190098
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 02
DATE APPROVED: 780701 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

BOSSIER REGIONAL DIALYSIS CENTER
1514 DOCTORS DR
BOSSIER CITY LA 71111
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192632

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 840328 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 010

CHALMETTE DIALYSIS CENTER
8308 LAFITTE COURT
CHALMETTE LA 70043
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192615

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 810413 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 011

RIVERSIDE MEDICAL CTR
ENON HIGHWAY-BOX 528
FRANKLINTON LA 70438
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190049
CROSS-REFERENCE: 192319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 840807 MSA:
NUMBER OF DIALYSIS STATIONS: 006

FLORIDA PARISHES ART KIDNEY CTR
RT 1 CLUB DELUXE,#104 PROF PL
HAMMOND LA 70401
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192505
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

BIO MED APPLICATIONS OF MARRERO INC
3714-2 WESTBANK EXPRESSWAY
HARVEY LA 70058
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192521
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 820106 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 006

OCHNER CLINIC HOUMA & BAYOU AREA
903 PICONE RD
HOUMA LA 70360
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192509
BACKUP HOSPITAL: 190036
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 781101 MSA: 3350
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CENTER OF KENNER
2226 WILLIAMS BLVD #201
KENNER LA 70062
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192528
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830211 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 006

UNIVERSITY MEDICAL CENTER
2390 WEST CONGRESS
LAFAYETTE LA 70502
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190006
CROSS-REFERENCE: 192316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA:
DATE APPROVED: 830711 MSA: 3880
NUMBER OF DIALYSIS STATIONS: 004

ACADIANA ARTIFICIAL KIDNEY CTR
300 W ST MARY ST
LAFAYETTE LA 70501
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192504
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 3880
NUMBER OF DIALYSIS STATIONS: 020

ST PATRICK HOSP OF LAKE CHARLES
524 S RYAN
LAKE CHARLES LA 70601
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190027

CNOSS-NEFENENCE: 192303
APPNOVED AS: DIALYSIS FACILITY NOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES:
TRAININO SENVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 05 HSA: 02
DATE APPROVEO: 770831 MSA: 3960
NUMBER OF DIALYSIS STATIONS: 012

KIDNEY KARE OF LAPLACE
925 SELLE TERRE ONIVE
LAPLACE LA 70068
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192613

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 05 HSA:
DATE APPROVED: 800405 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 005

ST CHARLES PARISH DIALYSIS CTR
924 LADARDE STREET
LULING LA 70070
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDEH NO: 192526

BACKUP HOSPITAL: 190175
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 05 HSA:
DATE APPROVED: 820523 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 005

WEST JEFFERSON DIALYSIS CENTER INC
4907 WICHEHS DR
MARRERO LA 70072
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192520

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 05 HSA:
DATE APPROVED: 820110 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 004

BMA OF METAIRIE INC
3939 HOUMA BLVD
METAIRIE LA 70002
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192511

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 800222 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 011

NORTHERN LOUISIANA DIALYSIS CENTER
711 WOOD ST
MONROE LA 71210
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192510

BACKUP HOSPITAL: 190011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVEO: 800210 MSA: 5200
NUMBER OF OIALYSIS STATIONS: 025

ST MARY PARISH DIALYSIS INC
1100 MARGUERITE ST
MORGAN CITY LA 70380
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192517

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 05 HSA:
DATE APPROVED: 810718 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

ASSUMPTION OEN ARTIFICIAL KIONEY CTR
P.O. 80X 817
NAPOLEONVILLE LA 70390
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 192502

BACKUP HOSPITAL: 190035
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 06 HSA: 01
OATE APPROVEO: 770831 MSA: 0000
NUMBER OF OIALYSIS STATIONS: 010

NATCHITOCHES OIALYSIS FACILITY
601 KEYSER AVE-80X 2042
NATCHITECHES LA 71457
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 192525

BACKUP HOSPITAL: 190035
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 06 HSA:
OATE APPROVEO: 820806 MSA: 0220
NUMBER OF OIALYSIS STATIONS: 005

BAYOU TECHE KIONEY CENTER
101 E MAIN ST
NEW IBERIA LA 70560
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 192522

BACKUP HOSPITAL: 190035
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMOOIALYSIS, PERITONEAL
TRAINING SERVICES: HEMOOIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 06 HSA:
OATE APPROVEO: 820826 MSA: 0000
NUMBER OF OIALYSIS STATIONS: 000

CHARITY HOSP OF NEW ORLEANS
1532 TULANE AVE
NEW ORLEANS LA 70140
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 190005

CROSS-REFERENCE: 192300
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEOERAL

HCFA REOION: 06 HSA: 01
OATE APPROVEO: 840316 MSA: 5560
NUMBER OF OIALYSIS STATIONS: 011

TRANSPLANT-CONOITIONAL

HOTEL OIEU HOSP
2021 PEROIOO ST
NEW ORLEANS LA 70112
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 190035

CROSS-REFERENCE: 192304
APPROVEO AS: TRANSPLANT CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 06 HSA: 01
OATE APPROVEO: 841001 MSA: 5560
NUMBER OF OIALYSIS STATIONS: 004

TRANSPLANT-CONOITIONAL

ALTON OCHSNER MEOICAL FOUNOATION
1516 JEFFERSON HWY
NEW ORLEANS LA 70121
INTERMEOIARY NO: 00170
RENAL NETWORK = 12
PROVIOER NO: 190035

CROSS-REFERENCE: 192310
APPROVEO AS: TRANSPLANT CENTER
STAFF-ASSISTEO SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 06 HSA: 01
OATE APPROVEO: 840822 MSA: 5560
NUMBER OF OIALYSIS STATIONS: 000

TOURO INFIRMARY
1401 FOUCHER ST
NEW ORLEANS LA 70115
INTERMEOIARY NO: 00170
RENAL NETWORN = 12
PROVIOER NO: 190046

CROSS-REFERENCE: 192306
APPROVEO AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES: HEMOOIALYSIS
TRAINING SERVICES: HEMOOIALYSIS, CAPO
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: 06 HSA: 01
OATE APPROVEO: 770831 MSA: 5560
NUMBER OF OIALYSIS STATIONS: 014

SOUTHERN BAPTIST HOSPITAL
2700 NAPOLEON AVE
NEW ORLEANS LA 70115
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190135
CROSS-REFERENCE: 192311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 77083I
NUMBER OF DIALYSIS STATIONS: 018
HSA: 01
MSA: 5560
TRANSPLANT-UNCONDITIONAL

TULANE MEDICAL CTR HOSP
1415 TULANE AVE
NEW ORLEANS LA 70112
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 190176
CROSS-REFERENCE: 192314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 79D424
NUMBER OF DIALYSIS STATIONS: 003
HSA:
MSA: 5560
TRANSPLANT-UNCONDITIONAL

GREATER NEW ORLEANS ANT KIDNEY CTR.
2000 TULANE AVE
NEW ORLEANS LA 70112
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192500
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 77D831
NUMBER OF DIALYSIS STATIONS: 025
HSA: 01
MSA: 5560

WESTBANK CHRONIC RENAL CTR
4501 PATTERSON RD
NEW ORLEANS LA 70141
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192507
BACKUP HOSPITAL: 190005
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 78D119
NUMBER OF DIALYSIS STATIONS: 011
HSA: 01
MSA: 5560

BID MED APPLICATIONS OF NEW ORLEANS E
7500 BULLARD AVE SUITE 14A
NEW ORLEANS LA 70127
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192816
BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 81D404
NUMBER OF DIALYSIS STATIONS: 010
HSA:
MSA: 5560

TRI-PARISH CHRONIC RENAL CTR
2359 ST CLAUDE AVE
NEW ORLEANS LA 70117
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192523
BACKUP HOSPITAL: 190175
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 82D331
NUMBER OF DIALYSIS STATIONS: 012
HSA:
MSA: 5560

MID-CITY DIALYSIS CTR
319 NORTH DENOIS ST #112
NEW ORLEANS LA 70119
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192527
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 82D72D
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA: 5560

KIDNEY CARE OF NEW ORLEANS
2123 MAGAZINE ST
NEW ORLEANS LA 70127
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192529

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 030310 MSA: 6660
NUMBER OF DIALYSIS STATIONS: 008

OCHSNER CLINIC DIALYSIS CENTER
1614 JEFFERSON HIGHWAY
NEW ORLEANS LA 70121
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192531

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 031110 MSA: 6660
NUMBER OF DIALYSIS STATIONS: 011

OPELOUSAS ARTIFICIAL KIDNEY CTR
1207 CHOCTAW
OPELOUSAS LA 70570
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: 192510

BACKUP HOSPITAL: 190035
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 010902 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 014

SCHUMPERT MEDICAL CENTER
P.O. BOX 21975
SHREVEPORT LA 71120
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: I90041

CROSS-REFERENCE: 192317
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 040702 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 000

LOUISIANA STATE UNIV. HOSP.
1541 KINGS HIGHWAY
SHREVEPORT LA 71103
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: I9009B

CROSS-REFERENCE: 192307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-UNCONDITIONAL

WILLIS KNIGHTON MEDICAL CENTER
2600 GREENWOOD RD
SHREVEPORT LA 71103
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: I90111

CROSS-REFERENCE: 192300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 03
DATE APPROVED: 770831 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 009

SHREVEPORT REGIONAL DIALYSIS CENTER
2121 FAIRFIELD AVE
SHREVEPORT LA 71104
INTERMEDIARY NO: 00170
RENAL NETWORK = 12
PROVIDER NO: I92512

BACKUP HOSPITAL: 190090
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 000220 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 010

BMA OF SHREVEPORT
3921 SOUTHERN AVE
SHREVEPORT LA 71106
INTERMEDIARY NO: 0D17D
RENAL NETWORK = 12
PROVIDER NO: 192530
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830708 MSA: 7680
NUMBER OF DIALYSIS STATIONS: 012

ST TAMMANY PARISH DIALYSIS CTR
1412 CORPORATE SQUARE
SLIDELL LA 70458
INTERMEDIARY NO: 0D17D
RENAL NETWORK = 12
PROVIDER NO: 192514
BACKUP HOSPITAL: 190158
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 801103 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 008

ST TAMMANY RENAL CENTER
1412 CORPORATE SQUARE
SLIDELL LA 70458
INTERMEDIARY NO: 0D17D
RENAL NETWORK = 12
PROVIDER NO: 192519
BACKUP HOSPITAL: 190D36
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 811015 MSA: 5560
NUMBER OF DIALYSIS STATIONS: 008

EASTERN MAINE MED CTR
489 STATE ST
BANGOR ME 04401
INTERMEDIARY NO: 00180
RENAL NETWORK = 28
PROVIDER NO: 200033

CROSS-REFERENCE: 202301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 0733
NUMBER OF DIALYSIS STATIONS: 014

MAINE MEDICAL CENTER
22 BRAMHALL ST
PORTLAND ME 04102
INTERMEDIARY NO: 00180
RENAL NETWORK = 28
PROVIDER NO: 200009

CROSS-REFERENCE: 202300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 003
TRANSPLANT-UNCONDITIONAL

SOUTHERN MAINE DIALYSIS FACILITY
66 BRAMHALL ST-BOX 8480
PORTLAND ME 04104
INTERMEDIARY NO: 00180
RENAL NETWORK = 28
PROVIDER NO: 202500

BACKUP HOSPITAL: 200009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 771017 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 021

MID-MAINE MEDICAL CENTER
CHASE AVENUE
WATERVILLE ME 04901
INTERMEDIARY NO: 00180
RENAL NETWORK = 28
PROVIDER NO: 200039

CROSS-REFERENCE: 202302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 000

BIO-MEDICAL APPLICATIONS
203 WOODLEY ROAD
ANNAPOLIS MD 21401
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 212609

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 780501 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 010

UNIV OF MD MEDICAL SYSTEM
22 S GREENE ST
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210002

CROSS-REFERENCE: 212300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 006

TRANSPLANT-UNCONDITIONAL

JOHNS HOPKINS HOSP
601 N BROADWAY
BALTIMORE MD 21205
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210009

CROSS-REFERENCE: 212301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 005

TRANSPLANT-UNCONDITIONAL

BON SECOURS HOSP
1940 W BALTIMORE ST
BALTIMORE MD 21223
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210013

CROSS-REFERENCE: 212309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800516 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 019

FRANCIS SCOTT KEY MEDICAL CTR
4940 EASTERN AVENUE
BALTIMORE MD 21224
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210029

CROSS-REFERENCE: 212303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 027

TRANSPLANT-UNCONDITIONAL

MARYLAND GEN HOSP
827 LINDEN AVE
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210038

CROSS-REFERENCE: 212304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 005

GOOD SAMARITAN HOSP
5601 LOCH RAVEN BLVD
BALTIMORE MD 21239
INTERMEDIARY NO: 00190
RENAL NETWORK = 3I
PROVIDER NO: 210056

CROSS-REFERENCE: 212306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 780701 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 020

MASON F LORD DIALYSIS UNIT
4940 EASTERN AVE
BALTIMORE MD 21224
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 210902

CROSS-REFERENCE: 212305
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 012

LOUIS J KOLODNER DIALYSIS UNIT
803 NORTH EUTAW STREET
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212504

BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 022

ROTUNDA CTR FOR INDEPENDENT DIALYSIS
733 W 40TH ST RM 101
BALTIMORE MD 21211
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212513

BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810416 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 010

UNIV SQUARE-PACA FACILITY
11 S. PACA ST
BALTIMORE MD 21201
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212515

BACKUP HOSPITAL: 210002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 820217 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 025

BIO-MEDICAL APPLICATIONS OF WASHINGTON
4905 DEL RAY AVE
BETHESDA MD 20814
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 212503

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 031

PRINCE GEORGES GENERAL HOSPITAL
1 HOSPITAL DR
CHEVERLY MD 20785
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 210003

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA:
DATE APPROVED: 820611 MSA: 8840
NUMBER OF DIALYSIS STATIONS: 008

HOWARD COUNTY DIALYSIS FACILITY
11085 LITTLE PATUXENT PARKWAY
COLUMBIA MD 21044
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212516

BACKUP HOSPITAL: 210038
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 821025 MSA: 0720
NUMBER OF DIALYSIS STATIONS: 009

MEMORIA HOSP : MEDICAL CTR CUMBERLAND
80D MEMORIAL AVE
CUMBERLAND MD 21502
INTERMEDIARY NO: 00190
RENAL NETWORK - 31
PROVIDER NO: 210026
CROSS-REFERENCE: 212302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
HSA: 01
MSA: 1900

MID-SHORE DIALYSIS CTR
RTE 3 BOX 107 DUTCHMAN'S LANE
EASTON MD 21601
INTERMEDIARY NO: 00190
RENAL NETWORK - 31
PROVIDER NO: 212512
BACKUP HOSPITAL: 210029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 810102
NUMBER OF DIALYSIS STATIONS: 016
HSA:
MSA: 0000

FREDERICK DIALYSIS CENTER
188 THOMAS JOHNSON DR-SUITE 100
FREDERICK MD 21701
INTERMEDIARY NO: 52280
RENAL NETWORK - 31
PROVIDER NO: 212518
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 840507
NUMBER OF DIALYSIS STATIONS: 003
HSA:
MSA: 8840

WESTERN MARYLAND CENTER
1800 PENNSYLVANIA AVE
HAGERSTOWN MD 21740
INTERMEDIARY NO: 00190
RENAL NETWORK - 31
PROVIDER NO: 212507
BACKUP HOSPITAL: 210009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 016
HSA: 01
MSA: 3180

CHESAPEAKE KIDNEY CENTER
625 TOWNE CENTER DRIVE
JOPPATOWN MD 21086
INTERMEDIARY NO: 00190
RENAL NETWORK - 31
PROVIDER NO: 212517
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 830520
NUMBER OF DIALYSIS STATIONS: 005
HSA:
MSA: 0720

DOCTORS HOSP OF PRINCE GEORGES CO
8118 GOOD LUCK RD
LANHAM MD 20706
INTERMEDIARY NO: 00080
RENAL NETWORK - 23
PROVIDER NO: 210051
CROSS-REFERENCE: 212307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 800122
NUMBER OF DIALYSIS STATIONS: 013
HSA:
MSA: 8840

BMA OF LAUREL
9811 MALLARD DR #106
LAUREL MD 20708
INTERMEDIARY NO: 00080
RENAL NETWORK - 23
PROVIDER NO: 212506
BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007
HSA: 03
MSA: 8840

CENTRAL MARYLAND KIDNEY CENTER
1010 POT SPRINGS RD
LUTHERVILLE MD 21093
INTERMEDIARY NO: 00190
RENAL NETWORK = 31
PROVIDER NO: 212514

BACKUP HOSPITAL: 21DD29
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 0107D7 MSA: D72D
NUMBER OF DIALYSIS STATIONS: D10

BMA OF NEW MARKET
NEW MARKET PLAZA RR4 BOX 262
MECHANICSVILLE MD 20659
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 212510

BACKUP HOSPITAL: 09DD11
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 000111 MSA: DDD0
NUMBER OF DIALYSIS STATIONS: 000

SHADY GROVE DIALYSIS CENTER
14805 PHYSICIANS LA #272
ROCKVILLE MD 20850
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER NO: 212511

BACKUP HOSPITAL: 21DD04
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 8DD331 MSA: 0040
NUMBER OF DIALYSIS STATIONS: DD8

DEERS HEAD CENTER RENAL DIALYSIS
PO BOX 2D18
SALISBURY MD 218D1
INTERMEDIARY NO: 0D190
RENAL NETWORK = 31
PROVIDER NO: 2125D8

BACKUP HOSPITAL: 21DD29
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 06
DATE APPROVED: 77D901 MSA: D000
NUMBER OF DIALYSIS STATIONS: D18

HOLY CROSS HOSPITAL
15DD FOREST GLEN ROAD
SILVER SPRING MD 2091D
INTERMEDIARY NO: 52280
RENAL NETWORK = 23
PROVIDER NO: 210DD4

CROSS-REFERENCE: 21231D
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 81D126 MSA: 884D
NUMBER OF DIALYSIS STATIONS: D1D

BMA OF CAMP SPRINGS
4700 AUTH PLACE #2D0
SUITLAND MD 20746
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 2125D1

BACKUP HOSPITAL: D9DD11
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: D3 HSA: D3
DATE APPROVED: 77D9D1 MSA: 884D
NUMBER OF DIALYSIS STATIONS: 031

N. SHORE REGIONAL KIDNEY DIALYSIS CTR
HERRICK & HEATHER STS
BEVERLY MA 01915
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220033

CROSS-REFERENCE: 222302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 05
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 018

UNIVERSITY HOSP
75 E NEWTON ST
BOSTON MA 02118
INTERMEDIARY NO: 00200
RENAL NETWORK = 25
PROVIDER NO: 220031

CROSS-REFERENCE: 222301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770901 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-CONDITIONAL

MASSACHUSETTS GENERAL HOSP
FRUIT ST
BOSTON MA 02114
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220071

CROSS-REFERENCE: 222306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770831 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-UNCONDITIONAL

BETH ISRAEL HOSP
330 BROOKLINE AVE
BOSTON MA 02215
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220086

CROSS-REFERENCE: 222308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770901 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL

BRIGHAM & WOMEN'S HOSP
75 FRANCIS ST
BOSTON MA 02115
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220110

CROSS-REFERENCE: 222309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL

NEW ENGLAND MED CTR HOSP
171 HARRISON AVE
BOSTON MA 02111
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220116

CROSS-REFERENCE: 222310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-UNCONDITIONAL

NEW ENGLAND DEACONESS HOSP
185 PILGRIM RD
BOSTON MA 02215
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220118

CROSS-REFERENCE: 222311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770811 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 012
TRANSPLANT-UNCONDITIONAL

THE CHILDRENS HOSPITAL
300 LONGWOOD AVE
BOSTON MA 02115
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220122

CROSS-REFERENCE: 222312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770808 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 006

KIDNEY CENTER
1065 COMMONWEALTH AVE
BOSTON MA 02215
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222500

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770808 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 044

BOSTON DIALYSIS CENTER
2110 DORCHESTER AVE-SETON MED BL
BOSTON MA 02124
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222506

BACKUP HOSPITAL: 220116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 830101 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 011

ST ELIZABETHS HOSP
736 CAMBRIDGE ST
BRIGHTON MA 02135
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220036

CROSS-REFERENCE: 222303
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770817 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 010

BROCKTON DIALYSIS CENTER
375 WESTGATE DRIVE
BROCKTON MA 02401
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222505

BACKUP HOSPITAL: 220116
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 810316 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 020

MARY & ARTHUR CLAPHAM HOSP-ESRD
41 MALL RD
BURLINGTON MA 01803
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220171

CROSS-REFERENCE: 222313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 840221 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 006

BURBANK SATELLITE DIALYSIS UNIT
NICHOLS RD
FITCHBURG MA 01420
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 223502

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 840224 MSA: 9243
NUMBER OF DIALYSIS STATIONS: 005

BMA OF FNAMINGHAM
223 WALNUT ST
FRAMINGHAM MA 01701
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222504

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 800527 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 014

FRANKLIN MEDICAL CTR.
164 HIGH ST
GREENFIELD MA 01301
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220016

CROSS-REFERENCE: 222314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 01 HSA:
DATE APPROVED: 811031 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

ST JOSEPHS HOSP
220 PAWTUCKET ST
LOWELL MA 01854
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220046

CROSS-REFERENCE: 222304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 09
DATE APPROVED: 770805 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 009

MERRIMACK SATELLITE UNIT
21 UNION ST EXTENSION
MERRIMAC, MA 01860
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 223500

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 820111 MSA: 1123
NUMBER OF DIALYSIS STATIONS: 008

NANTUCKET COTTAGE HOSPITAL ESRD
SOUTH PROSPECT ST
NANTUCKET MA 02554
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 220081

CROSS-REFERENCE: 222315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 831031 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 001

SOUTHEASTERN MASS DIALYSIS CENTER
1215 PURCHASE ST
NEW BEDFORD MA 02740
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222503

BACKUP HOSPITAL: 220118
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 790819 MSA: 5403
NUMBER OF DIALYSIS STATIONS: 014

BERKSHIRE MEDICAL CENTER
725 NORTH STREET
PITTSFIELD MA 01201
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220045

CROSS-REFERENCE: 222305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 780124 MSA: 6323
NUMBER OF DIALYSIS STATIONS: 010

BAYSTATE MEDICAL CENTER
769 CHESTNUT ST
SPRINGFIELD MA 01107
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220077

CROSS-REFERENCE: 222307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770801 MSA: 8003
NUMBER OF DIALYSIS STATIONS: 007

BMA OF SPRINGFIELD
2000 MAIN ST
SPRINGFIELD MA 01103
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 222502

BACKUP HOSPITAL: 220077
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770810 MSA: 8003
NUMBER OF DIALYSIS STATIONS: 032

MEMORIAL HOSP
119 BELMONT ST
WORCESTER MA 01605
INTERMEDIARY NO: 51220
RENAL NETWORK = 28
PROVIDER NO: 220026

CROSS-REFERENCE: 222300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 02
DATE APPROVED: 770810 MSA: 9243
NUMBER OF DIALYSIS STATIONS: 017

CAPE COD ARTIFICIAL KIDNEY CENTER
241 WILLOW STREET
YARMOUTH MA 02675
INTERMEDIARY NO: 00200
RENAL NETWORK = 28
PROVIDER NO: 222501

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 01 HSA: 04
DATE APPROVED: 770815 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 016

ORATIOT COMMUNITY HOSPITAL
300 SOUTH WARWICK DRIVE
ALMA MI 48801
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230030
CROSS-REFERENCE: 232307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

UNIVERSITY HOSPITAL
1405 E ANN ST
ANN ARBOR MI 48109
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230046
CROSS-REFERENCE: 232309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-UNCONDITIONAL

VA MEDICAL CENTER
2215 FULLER RD
ANN ARBOR MI 48105
INTERMEDIARY NO: 99990
RENAL NETWORK = 14
PROVIDER NO: 23011F
CROSS-REFERENCE: 232317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 790930 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPH MERCY HOSPITAL
P O BOX 995 5301 E HURON RIVER D
ANN ARBOR MI 48106
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230156
CROSS-REFERENCE: 232326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 004

COMMUNITY HOSPITAL ASS OF BATTLE
183 WEST STREET
BATTLE CREEK MI 49016
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230102
CROSS-REFERENCE: 232329
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 771101 MSA: 0780
NUMBER OF DIALYSIS STATIONS: 006

MERCY HOSP DIV SW MI HLTH CARE ASSOC
960 ADARD ST
BENTON HARBOR MI 49022
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230021
CROSS-REFERENCE: 232304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 0870
NUMBER OF DIALYSIS STATIONS: 010

MERCY HOSPITAL
400 HOBART ST
CADILLAC MI 49601
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230081
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 07
DATE APPROVED: 800324 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

COMMUNITY HEALTH CENTER
274 E CHICAGO ST
COLDWATER MI 49036
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230022

CROSS-REFERENCE: 232306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

CRYSTAL FALLS COMM HOSP
MICHIGAN AVE AND 3RD ST
CRYSTAL FALLS MI 49920
INTERMEDIARY NO: 00210
RENAL NETWORK = 07
PROVIDER NO: 230194

CROSS-REFERENCE: 232326
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

GREENFIELD HEALTH SYSTEMS CORP
19401 HUBBARD DR
DEARBORN MI 48126
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232507

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 831017 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 010

MT CARMEL MERCY HOSPITAL AND MED CTR
6071 W OUTER DR
DETROIT MI 48235
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230039

CROSS-REFERENCE: 232308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 013
TRANSPLANT-UNCONDITIONAL

HENRY FORD HOSPITAL
2799 W GRAND BLVD
DETROIT MI 48202
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230053

CROSS-REFERENCE: 232310
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 831017 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

HUTZEL HOSPITAL
4707 ST ANTOINE
DETROIT MI 48201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230076

CROSS-REFERENCE: 232313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-CONDITIONAL

SAMARITAN HEALTH CENTER
5555 CONNERS ST
DETROIT MI 48213
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230147

CROSS-REFERENCE: 232323
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 000

SAINT JOHN HOSP
22101 MOROSS RD
DETROIT MI 48236
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 260165

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 800903 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 000

CHILDRENS HOSP OF MICHIGAN
3901 BEAUBIEN
DETROIT MI 48201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230240

CROSS-REFERENCE: 232328
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 008

TRANSPLANT-UNCONDITIONAL

BIO-MEDICAL APPLICATION OF DETROIT
4727 ST ANTOINE
DETROIT MI 48201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232600

BACKUP HOSPITAL: 230076
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 043

ST CLAIR RENAL CENTER CORP
22161 MOROSS RD SUITE 006
DETROIT MI 48236
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232603

BACKUP HOSPITAL: 230165
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 790416 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 018

GREENFIELD HEALTH SYSTEMS CORP-ESRD
2799 W GRAND BLVD
DETROIT MI 48202
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232505

BACKUP HOSPITAL: 230053
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 831017 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 027

DEACONESS/SAMARITAN RENAL CTR
10201 E JEFFERSON
DETROIT MI 48207
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 233603

BACKUP HOSPITAL: 230147
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810102 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 024

HURLEY MEDICAL CENTER
1 HURLEY PLAZA
FLINT MI 48502
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230132

CROSS-REFERENCE: 232322
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 2640
NUMBER OF DIALYSIS STATIONS: 037

TRANSPLANT-CONDITIONAL

ST MARYS HOSP
200 JEFFERSON ST SE
GRAND RAPIDS MI 49503
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230059

CROSS-REFERENCE: 232312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 038
TRANSPLANT-UNCONDITIONAL

HSA: 04
MSA: 3000

DETROIT OSTEO HOSP
12523 3RD AVE
HIGHLAND PARK MI 48203
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230150

CROSS-REFERENCE: 232324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 011

HSA: 01
MSA: 2160

VA MEDICAL CENTER
EAST H STREET
IRON MOUNTAIN MI 49801
INTERMEDIARY NO: 99990
RENAL NETWORK = 07
PROVIDER NO: 23005F

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 05
DATE APPROVED: 820308
NUMBER OF DIALYSIS STATIONS: 002

HSA:
MSA: 0000

COMMUNITY DIALYSIS SVCS OF JACKSON
1023 E DANSON ST
JACKSON MI 49201
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232504

BACKUP HOSPITAL: 230230
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 801217
NUMBER OF DIALYSIS STATIONS: 007

HSA: 02
MSA: 3620

BRONSON METHODIST HOSPITAL
252 EAST LOVELL STREET
KALAMAZOO MI 49007
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230017

CROSS-REFERENCE: 232303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 010

HSA: 03
MSA: 3720

BORGESS MED CTR
1521 GULL ROAD
KALAMAZOO MI 49001
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230117

CROSS-REFERENCE: 232310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 019
TRANSPLANT-UNCONDITIONAL

HSA: 03
MSA: 3720

EDWARD W SPARROW HOSPAL
1215 E MICHIGAN AVENUE
LANSING MI 48911
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230230

CROSS-REFERENCE: 232327
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-CONDITIONAL

HSA: 02
MSA: 4040

ST MARY HOSPITAL
36475 FIVE MILE ROAD
LIVONIA MI 48154
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230002
CROSS-REFERENCE: 232301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007
HSA: 01
MSA: 2160

MT CARMEL LIVONIA DIALYSIS CTR
32423 SCHOOLCRAFT RD
LIVONIA MI 48150
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232801
BACKUP HOSPITAL: 230002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 015
HSA: 01
MSA: 2160

MARQUETTE GENERAL HOSPITAL
420 W MAGNETIC ST
MARQUETTE MI 49855
INTERMEDIARY NO: 00210
RENAL NETWORK = 07
PROVIDER NO: 230084
CROSS-REFERENCE: 232311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
HSA: 08
MSA: 0000

MOUNT CLEMENS GENERAL HOSPITAL
1000 HARRINGTON BLVD
MOUNT CLEMENS MI 48043
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230227
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 005
HSA: 01
MSA: 2160

MERCY HOSPITAL
1500 E SHERMAN BOULEVARD
MUSKEGON MI 49443
INTERMEDIARY NO: 50230
RENAL NETWORK = 14
PROVIDER NO: 230004
CROSS-REFERENCE: 232302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 014
HSA: 04
MSA: 5320

NORTHERN MICHIGAN HOSPITALS INC.
416 CONNABLE
PETOSKY MI 49770
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230105
CROSS-REFERENCE: 232315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 013
HSA: 07
MSA: 0000

WILLIAM BEAUMONT HOSPITAL
3601 W 13 MILE ROAD
ROYAL OAK MI 48072
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230130
CROSS-REFERENCE: 232321
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 015
TRANSPLANT-UNCONDITIONAL
HSA: 01
MSA: 2160

SAGINAW GENERAL HOSPITAL
1447 N HARRISON STREET
SAGINAW MI 48602
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230122

CROSS-REFERENCE: 232319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PENITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 6960
NUMBER OF DIALYSIS STATIONS: 021

NORTHERN MICHIGAN HOSP-ESRD UNIT
105 S MADISON
TRAVERSE CITY MI 49684
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 233504

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 840216 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

WILLIAM BEAUMONT HOSPITAL
44199 DEQUINDRE
TROY MI 48098
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230269

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 800310 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 016

GREENFIELD HEALTH SYSTEMS CORP
2849 CATTERMOLE DRIVE
TROY MI 48084
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232506

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 831017 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 022

WAYNE COUNTY GENERAL HOSPITAL
2345 MERRIMAN RD
WESTLAND MI 48185
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 230098

CROSS-REFERENCE: 232314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 2160
NUMBER OF DIALYSIS STATIONS: 013

WASHTENAW REGIONAL DIALYSIS CENTER
5205 EAST HURON RIVER DRIVE
YPSILANTI MI 48197
INTERMEDIARY NO: 00210
RENAL NETWORK = 14
PROVIDER NO: 232502

BACKUP HOSPITAL: 230156
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 01
DATE APPROVED: 780606 MSA: 0440
NUMBER OF DIALYSIS STATIONS: 016

NAEVE HOSPITAL ESRD UNIT
404 FOUNTAIN STREET
ALBERT LEA MN 56007
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240043

CROSS-REFERENCE: 242304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 002

REGION KIDNEY DISEASE PROGRAM
3960 COON RAPIDS BLVD
COON RAPIDS MN 55433
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 243502

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 840125 MSA: 5120
NUMBER OF DIALYSIS STATIONS: 010

MILLER-DAWN HOSP MED CTR
502 E 2ND ST
DULUTH MN 55805
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240019

CROSS-REFERENCE: 242302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2240
NUMBER OF DIALYSIS STATIONS: 018

LAKE REGION HOSPITAL
712 SO CASCADE
FERGUS FALLS MN 56537
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240052

CROSS-REFERENCE: 242307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

CENTRAL MESABI MEDICAL CENTER
750 E 34TH ST
HIBBING MN 55746
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240040

CROSS-REFERENCE: 242303
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2240
NUMBER OF DIALYSIS STATIONS: 005

ST GABRIELS HOSPITAL
815 2ND ST SE
LITTLE FALLS MN 56345
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240013

CROSS-REFERENCE: 242301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 014

IMMANUEL HOSP/ST JOSEPHS UNIT
325 GARDEN BLVD
MANKATO MN 56001
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240093

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810420 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

REDIONAL NIDNEY DISEASE PROORAM
701 PARK AVE
MINNEAPOLIS MN 55415
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240004
CROSS-REFERENCE: 2423D0
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: 05 HSA: 05
DATE APPROVED: 77091 MSA: 5120
NUMBER OF DIALYSIS STATIONS: 045
TRANSPLANT-UNCONDITIONAL

UNIVERSITY OF MINNESOTA HOSPITAL
412 UNION STREET S E
MINNEAPOLIS MN 55455
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240049
CROSS-REFERENCE: 2423D5
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-DOVERNMENT NON-FEDERAL
HCFA REDION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 5120
NUMDER OF DIALYSIS STATIONS: 012
TRANSPLANT-UNCONDITIONAL

REDIONAL NIDNEY DISEASE PROORAM
900 S 8TH ST
MINNEAPOLIS MN 55415
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240195
CROSS-REFERENCE: 242312
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: 05 HSA: 05
DATE APPROVED: 77091 MSA: 5120
NUMDER OF DIALYSIS STATIONS: 000

ROCHESTER METHODIST HOSP
201 W CENTER ST
ROCHESTER MN 55901
INTERMEDIARY NO: 50240
RENAL NETWORK = 07
PROVIDER NO: 24005I
CROSS-REFERENCE: 2423D9
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES: PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 6820
NUMDER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

MAYO ARTIFICIAL NIDNEY COMPLEX
200 FIRST ST
ROCHESTER MN 55905
INTERMEDIARY NO: 50240
RENAL NETWORK = 07
PROVIDER NO: 242500
BACKUP HOSPITAL: 24005I
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REDION: 05 HSA: 07
DATE APPROVED: 77091 MSA: 5120
NUMDER OF DIALYSIS STATIONS: 022

MAYO ARTIFICIAL KIDNEY COMPLEX
200 FIRST ST
ROCHESTER MN 55901
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 242500
BACKUP HOSPITAL: 24005I
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REDION: 05 HSA: 07
DATE APPROVED: 77091 MSA:
NUMDER OF DIALYSIS STATIONS: 022

METHODIST HOSPITAL
6500 EXCELSIOR BLVD
SAINT LOUIS PARK MN 55426
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 24005I
CROSS-REFERENCE: 2423D0
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REDION: 05 HSA: 05
DATE APPROVED: 77091 MSA: 5120
NUMDER OF DIALYSIS STATIONS: 027

ST PAUL-RAMSEY HOSP
640 JACKSON STREET
SAINT PAUL MN 55101
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240106

CROSS-REFERENCE: 242311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 5120
NUMBER OF DIALYSIS STATIONS: 008

ST PAUL UNIT-ESRD
555 PARK ST #180
ST PAUL MN 55103
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 243501

BACKUP HOSPITAL: 240004
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA:
DATE APPROVED: 810730 MSA: 5120
NUMBER OF DIALYSIS STATIONS: 012

RICE MEM HOSP
301 BECKER AVE SW
WILLMAR MN 56201
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240080

CROSS-REFERENCE: 242310
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

COMMUNITY MEMORIAL HOSP (ESRD)
855 MANKATO AVENUE
WINONA MN 55987
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240044

CROSS-REFERENCE: 242305
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 07
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

WORTHINGTON REGIONAL HOSP ESRD
1018 SIXTH AVE
WORTHINGTON MN 56187
INTERMEDIARY NO: 00220
RENAL NETWORK = 07
PROVIDER NO: 240022

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 840830 MSA:
NUMBER OF DIALYSIS STATIONS: 003

KIDNEY CARE INC
512 N CHURCH ST
BROOKHAVEN MS 39601
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252505
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 781119 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 011

KIDNEY CARE INC
526 THIRD ST
CLARKSDALE MS 38614
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252507
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790501 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

KIDNEY CARE INC
2104 5TH ST N SUITE 2
COLUMBUS MS 39701
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252508
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790625 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 014

NORTH MS DIALYSIS SERVICE
810 ALCORN DR
CORINTH MS 38834
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252518
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 830202 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

KIDNEY CARE INC GREENVILLE
1317 RAILROAD AVENUE
GREENVILLE MS 38701
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252503
BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 021

KIDNEY CARE INC GREENWOOD
501 TALLAHATCHIE ST
GREENWOOD MS 38930
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252514
BACKUP HOSPITAL: 250099
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 821122 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 016

CAPT JAMES HILL ESRD UNIT
4500 13TH ST
GULFPORT MS 39501
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 250019
CROSS-REFERENCE: 252307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 04 HSA: 01
DATE APPROVED: 810106 MSA: 0920
NUMBER OF DIALYSIS STATIONS: 020

HATTIESBURG CLINIC ESND
2501 MAMIE ST-MEDICAL PLAZA
HATTIESBURG MS 39401
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252502

BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 750901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 021

UNIVERSITY MEDICAL DIALYSIS UNIT
2500 N STATE ST
JACKSON MS 39216
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 250001

CROSS-REFERENCE: 252300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 01
DATE APPROVED: 750901 MSA: 3560
NUMBER OF DIALYSIS STATIONS: 014
TRANSPLANT-UNCONDITIONAL

KIDNEY CARE INC
3304 N. STATE ST, BOX 4740
JACKSON MS 39215
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252501

BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 750901 MSA: 3560
NUMBER OF DIALYSIS STATIONS: 031

CENTRAL DIALYSIS UNIT INC
301 MEDICAL DR
JACKSON MS 39216
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252508

BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 771207 MSA: 3560
NUMBER OF DIALYSIS STATIONS: 020

LAUREL RENAL DIALYSIS CENTER
859 S 13TH AV
LAUREL MS 39440
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252510

BACKUP HOSPITAL: 250078
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 810413 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

KIDNEY CARE INC
1512 20TH AVE
MERIDIAN MS 39301
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252504

BACKUP HOSPITAL: 250001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 018

KIDNEY CARE INC NATCHEZ
PO BOX 2024 517 HIGHLAND BOULEVA
NATCHEZ MS 39120
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252515

BACKUP HOSPITAL: 250084
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 821129 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

OCEAN SPRINGS DIALYSIS CENTER
3009 BIENVILLE BLVD
OCEAN SPRINGS MS 39564
IKTERMEDIARY NO: 00230
REKAL NETWORK = 18
PROVIDER NO: 252519

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 021101 MSA: 6025
NUMBER OF DIALYSIS STATIONS: 005

NORTH MS DIALYSIS SERVICES
1207 BELK ST
OXFORD MS 38655
IKTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252511

BACKUP HOSPITAL: 250004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 020301 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

SIKDINO RIVER HOSP
2809 DENNY AVENUE
PASCAGOULA MS 39567
IKTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 250040

CROSS-REFERENCE: 252303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININO SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-OOVERNMENT NON-FEDERAL

HCFA REOION: 04 HSA: 01
OATE APPROVED: 750901 MSA: 5025
NUMDER OF DIALYSIS STATIONS: 012

SINDIKO RIVER DIALYSIS CENTER
2712 CAISWELL
PASCAGOULA MS 39567
IKTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252515

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAININO SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVEO: 021101 MSA: 6025
NUMDER OF DIALYSIS STATIONS: 000

KIDNEY CARE INC
RDUTE 7,80X R-50
PHILADELPHIA MS 39350
IKTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252520

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 830600 MSA: 0000
NUMOER OF DIALYSIS STATIONS: 004

PEARL RIVER RENAL DIALYSIS CENTER
139 KIRKWOOD ST
PICAYUNE MS 39466
IKTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 252517

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 830209 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

KIDKEY CARE INC
7007 HIGHWAY 51 SOUTH
SOUTHAVEN MS 38671
IKTERMEDIARY NO: 00230
REKAL NETWORK = 18
PROVIDER NO: 252512

BACKUP HOSPITAL: 440150
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04 HSA:
DATE APPROVED: 820620 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 005

NORTH MISSISSIPPI DIALYSIS SERVICES IN
409 DARFIELD ST
TUPELO MS 38801
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 262513

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830101 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 019

KIDNEY CARE VICKSBURG
600 GROVE ST, BOX 1395
VICKSBURG MS 39180
INTERMEDIARY NO: 00230
RENAL NETWORK = 18
PROVIDER NO: 262509

BACKUP HOSPITAL: 260001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 801027 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

BLUE SPRINGS DIALYSIS CENTER
206 WEST R.D. MIZE RD
BLUE SPRINGS MO 64015
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262511

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 030404 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 010

ST LOUIS REGIONAL DIALYSIS CTR
3469 BRIDGELAND DR
BRIDGETON MO 63044
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262507

BACKUP HOSPITAL: 260105
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 810413 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 010

UNIV OF MISSOURI HOSP AND CLINICS
807 STADIUM RD
COLUMBIA MO 65201
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260141

CROSS-REFERENCE: 262314
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 07 HSA: 02
DATE APPROVED: 770630 MSA: 1740
NUMBER OF DIALYSIS STATIONS: 004

TRANSPLANT-CONDITIONAL

DIALYSIS CLINICS INC
1806 EAST WALNUT
COLUMBIA MO 65201
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262506

BACKUP HOSPITAL: 260141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 790709 MSA: 1740
NUMBER OF DIALYSIS STATIONS: 016

DIALYSIS CLINIC INC
610 W ELM ST
JEFFERSON CITY MO 65101
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262613

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: . CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840601 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

ST JOHNS HOSP
2727 MCCLELLAND BLVD
JOPLIN MO 64801
INTERMEDIARY NO: 52280
RENAL NETWORK = 09
PROVIDER NO: 260001

CROSS-REFERENCE: 262300
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 04
DATE APPROVED: 840701 MSA: 3710
NUMBER OF DIALYSIS STATIONS: 000

FOUR STATE REGIONAL DIALYSIS CENTER
2817 MCCLELLAND BLVD
JOPLIN MO 64801
INTERMEDIARY NO: 52280
RENAL NETWORK = 09
PROVIDER NO: 262614

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840701 MSA: 3710
NUMBER OF DIALYSIS STATIONS: 010

RESEARCH HOSP & MEDICAL CENTER
2316 E MEYER BLDG
KANSAS CITY MO 64132
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260027

CROSS-REFERENCE: 262304
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 830926 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

ST LUKES HOSPITAL
WORNALL RD & 44TH ST
KANSAS CITY MO 64141
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260138

CROSS-REFERENCE: 262313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770630 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 028

TRANSPLANT-UNCONDITIONAL

THE CHILDRENS MERCY HOSPITAL
24TH AT GILLHAM RD
KANSAS CITY MO 64108
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260162

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840701 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 000

KANSAS CITY DIALYSIS AND TRANSPLANT
1734 E 63RD
KANSAS CITY MO 64110
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 262501

BACKUP HOSPITAL: 260027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770620 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 025

DIALYSIS CLINICS INC
304 SOUTH FRANKLIN
KIRKSVILLE MO 63501
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 262606

BACKUP HOSPITAL: 260141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 790613 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

COMM DIALYSIS SERV OF NORTHLAND
2709 HOSPITAL DR
N KANSAS CITY MO 64116
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 262604

BACKUP HOSPITAL: 260027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 790713 MSA: 3760
NUMBER OF DIALYSIS STATIONS: 010

BARNES HOSP
BARNES HOSPITAL PLAZA
SAINT LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260014

CROSS-REFERENCE: 262302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 800826 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

TRANSPLANT-UNCONDITIONAL

DEACONESS HOSP
6160 OAKLAND AVE
SAINT LOUIS MO 63139
INTERMEDIARY NO: 0024I
RENAL NETWORK = 09
PROVIDER NO: 260021

CROSS-REFERENCE: 262303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770710 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 012

JEWISH HOSP OF ST LOUIS
216 S KINGSHIGHWAY
SAINT LOUIS MO 63110
INTERMEDIARY NO: 0024I
RENAL NETWORK = 09
PROVIDER NO: 260032

CROSS-REFERENCE: 262306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770629 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 007

ST LOUIS UNIVERSITY HOSPS
1326 S GRAND BLVD
SAINT LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260105

CROSS-REFERENCE: 262310
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 840723 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 004

ST LOUIS CITY HOSP
1616 LAFAYETTE AVE
SAINT LOUIS MO 63104
INTERMEDIARY NO: 0024I
RENAL NETWORK = 09
PROVIDER NO: 260150

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 820115 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

RENAL DIALYSIS INC
1320 S GRAND AVE
SAINT LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262603

BACKUP HOSPITAL: 260106
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770613 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 027

AFFILIATED HOSPITAL DIALYSIS
1031 EXECUTIVE PARKWAY
SAINT LOUIS MO 63141
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262508

BACKUP HOSPITAL: 260021
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 810724 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 012

SALEM MEM DISTRICT HOSP
HWY 72 W PO BOX 760
SALEM MO 65660
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 260172

CROSS-REFERENCE: 262316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 07 HSA: 05
DATE APPROVED: 770624 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

DIALYSIS CLINIC INC
1727 WEST 7TH ST
SEDALIA MO 66301
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 262616

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840903 MSA:
NUMBER OF DIALYSIS STATIONS: 004

MISSOURI DELTA COMM HOSP
HIGHWAY 61 N
SIKESTON MO 63801
INTERMEDIARY NO: 00241
RENAL NETWORK - 18
PROVIDER NO: 260113

CROSS-REFERENCE: 262311
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 05
DATE APPROVED: 770830 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

COX MEDICAL CTR
1432 N JEFFERSON ST
SPRINGFIELD MO 65802
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260040

CROSS-REFERENCE: 262306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 04
DATE APPROVED: 770718 MSA: 7920
NUMBER OF DIALYSIS STATIONS: 021

METHODIST HOSP & MEDICAL CENTER
7TH-9TH ON FARRON
ST JOSEPH MO 64601
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260006

CROSS-REFERENCE: 262316
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 791203 MSA: 7000
NUMBER OF DIALYSIS STATIONS: 008

VA HOSP
916 GRANT
ST LOUIS MO 63126
INTERMEDIARY NO: 99990
RENAL NETWORK - 09
PROVIDER NO: 26009F

CROSS-REFERENCE: 262307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770718 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 013
TRANSPLANT-UNCONDITIONAL

CHRISTIAN HOSPITAL NORTHEAST
11133 DUNN RD
ST LOUIS MO 63136
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 260180

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840125 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 000

CHROMALLOY AMERICAN KIDNEY CENTER
4949 BARNES HOSPITAL PLAZA
ST LOUIS MO 63110
INTERMEDIARY NO: 00241
RENAL NETWORK - 09
PROVIDER NO: 262602

BACKUP HOSPITAL: 260014
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770713 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 028

METRO NORTH DIALYSIS CTR INC
2870 METHERTON RD
ST LOUIS MO 63136
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262509

BACKUP HOSPITAL: 260021
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 811113 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 009

CHROMALLOY AMERICAN/ST ANTHONY'S FAC
10016 HENNERLY RD
ST LOUIS MO 63128
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 262512

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 830829 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 006

CARDINAL GLENNON MEM HOSP
1466 S GRAND BLVD
ST LOUIS MO 63104
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 263300

APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840617 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 000

ST LOUIS CHILDREN'S HOSP
500 S KINGSHIGHWAY BLVD
ST LOUIS MO 63178
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 263301

CROSS-REFERENCE: 262309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 09
DATE APPROVED: 840101 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 007

DEACONESS SOUTH DIALYSIS CTR
4145 UNION RD
ST LOUIS MO 63129
INTERMEDIARY NO: 00241
RENAL NETWORK = 09
PROVIDER NO: 263500

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840228 MSA: 7040
NUMBER OF DIALYSIS STATIONS: 009

NORTHERN ROCKIES KIDNEY CTR.
2813 9TH AVE N
BILLINGS MT 59103
INTERMEDIARY NO: 00280
RENAL NETWORK - 02
PROVIDER NO: 270004
CROSS-REFERENCE: 27230I
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 0880
NUMBER OF DIALYSIS STATIONS: 012

COLUMBUS HOSP
500 15TH AVE NORTH
GREAT FALLS MT 59403
INTERMEDIARY NO: 00280
RENAL NETWORK - 02
PROVIDER NO: 270013
CROSS-REFERENCE: 27230Z
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 3040
NUMBER OF DIALYSIS STATIONS: 007

ST PETERS COMM HOSP
2476 BROADWAY
HELENA MT 59601
INTERMEDIARY NO: 00280
RENAL NETWORK - 02
PROVIDER NO: 270003
CROSS-REFERENCE: 27230D
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

ST PATRICK HOSPITAL
500 WEST BROADWAY
MISSOULA MT 59806
INTERMEDIARY NO: 00280
RENAL NETWORK - 02
PROVIDER NO: 270014
CROSS-REFERENCE: 27230J
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 08 HSA: 01
DATE APPROVED: 770714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

MEMORIAL HOSPITAL
1423 7TH ST
AURORA NE 68818
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280074

CROSS-REFERENCE: 282307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 760911 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

GOOD SAMARITAN HOSP
31ST & CENTRAL AVE
KEARNEY NE 68847
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280009

CROSS-REFERENCE: 282300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770616 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

BRYAN MEMORIAL HOSPITAL
4848 SUMNER ST
LINCOLN NE 68506
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280003

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA:
DATE APPROVED: 840101 MSA: 4360
NUMBER OF DIALYSIS STATIONS: 000

ST ELIZABETH COMM HEALTH CENTER
555 SOUTH 70TH ST
LINCOLN NE 68510
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280020

CROSS-REFERENCE: 282302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 02
DATE APPROVED: 770613 MSA: 4360
NUMBER OF DIALYSIS STATIONS: 007

LUTHERAN COMM HOSP
2700 NORFOLK AVE
NORFOLK NE 68701
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280034

CROSS-REFERENCE: 282304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770613 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

GREAT PLAINS REGIONAL MED CTR
601 WEST LEOTA STREET
NORTH PLATTE NE 69101
INTERMEDIARY NO: 00260
RENAL NETWORK = 08
PROVIDER NO: 280065

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 780309 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

ST JOSEPH HOSP-ESRD
601 N 30TH ST
OMAHA NE 68131
INTERMEDIARY NO: 52280
RENAL NETWORK = 08
PROVIDER NO: 280030

CROSS-REFERENCE: 282303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
APPROVED AS: HEMODIALYSIS, PERITONEAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 840921 MSA: 5920
NUMBER OF DIALYSIS STATIONS: 009

TRANSPLANT-CONDITIONAL

BISHOP CLARKSON MEM HOSP (ESRD)
DEWEY AVE AT 44TH ST
OMAHA NE 68105
INTERMEDIARY NO: 62280
RENAL NETWORK = 06
PROVIDER NO: 280080

CROSS-REFERENCE: 282308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 03
DATE APPROVED: 770719 MSA: 5920
NUMBER OF DIALYSIS STATIONS: 023

WEST NEBNASKA GEN HOSP
36TH & AVE D
SCOTTSBLUFF NE 69361
INTERMEDIARY NO: 00260
RENAL NETWORK = 05
PROVIDER NO: 280061

CROSS-REFERENCE: 282306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 07 HSA: 01
DATE APPROVED: 770501 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

SOUTHERN NEVADA MEMORIAL HOSPITAL
1800 WEST CHARLESTON BLVD
LAS VEGAS NV 89102
INTERMEDIARY NO: 51290
RENAL NETWORK = 04
PROVIDER NO: 290007

CROSS-REFERENCE: 292302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 NSA: 02
DATE APPROVED: 770808 MSA: 4120
NUMBER OF DIALYSIS STATIONS: 026

RENAL DIALYSIS CTR OF LAS VEGAS
3196 MARYLAND PARKWAY #401
LAS VEGAS NV 89109
INTERMEDIARY NO: 51290
RENAL NETWORK = 04
PROVIDER NO: 292500

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 09 NSA:
DATE APPROVED: 830807 MSA: 4120
NUMBER OF DIALYSIS STATIONS: 020

WASHOE MEDICAL CENTER
77 PRINOLE WAY
RENO NV 89520
INTERMEDIARY NO: 51290
RENAL NETWORK = 03
PROVIDER NO: 290001

CROSS-REFERENCE: 292300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 NSA: 01
DATE APPROVED: 770811 MSA: 6720
NUMBER OF DIALYSIS STATIONS: 010

CORCORO DIALYSIS CENTER
200 PLEASART STREET
CORCORD NH
INTERMEDIARY NO: 00270
RENAL NETWORK - 20
PROVIDER NO: 302500

D3301

BACKUP HOSPITAL: 470003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 4753
NUMBER OF DIALYSIS STATIONS: 016

DIALYSIS SERVICES OF N.H.,INC.
COCHECO PARK,CHESTNUT ST
DOVER NH
INTERMEDIARY NO: 00270
RENAL NETWORK - 20
PROVIDER NO: 302501

D3020

BACKUP HOSPITAL: 300018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 811113 MSA: 4753
NUMBER OF DIALYSIS STATIONS: 010

MARY HITCHCOCH MEMORIAL HOSPITAL
2 MAYNARD STREET
HANOVER NH
INTERMEDIARY NO: 00270
RENAL NETWORK - 20
PROVIDER NO: 300003

D3756

CROSS-REFERENCE: 302301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 801103 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

NASHUA MEMORIAL HOSPITAL
8 PROSPECT STREET
NASHUA NH
INTERMEDIARY NO: 00270
RENAL NETWORK - 25
PROVIDER NO: 300020

D3061

CROSS-REFERENCE: 302300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 4753
NUMBER OF DIALYSIS STATIONS: 005

BRIDGETON HOSPITAL-RENAL UNIT
IRVING & MANHEIM AVE
BRIDGETON NJ 08302
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310068

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 831123 MSA:
NUMBER OF DIALYSIS STATIONS: 006

OUR LADY OF LOURDES MED CTR
1600 HADDON AVENUE
CAMDEN NJ 08103
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310029

CROSS-REFERENCE: 312305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 022
TRANSPLANT-UNCONDITIONAL

EAST ORANGE GENERAL HOSP
300 CENTRAL AVE
EAST ORANGE NJ 07018
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310083

CROSS-REFERENCE: 312314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 006

A P MIELE DIALYSIS CENTER
81 CENTRAL AVE
EAST ORANGE NJ 07018
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 312505

BACKUP HOSPITAL: 310083
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA: 02
DATE APPROVED: 770316 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 014

ALEXIAN BROTHERS HOSPITAL
655 EAST JERSEY ST
ELIZABETH NJ 07206
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310033

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 02
DATE APPROVED: 790212 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 007

HACKENSACK HOSP ASSOCIATION
22 HOSPITAL PLACE
HACKENSACK NJ 07601
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310001

CROSS-REFERENCE: 312300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 0875
NUMBER OF DIALYSIS STATIONS: 006

RUTH KLIMAN DIALYSIS CENTER
BLDY ST AND RAMSEY AVE
HILLSIDE NJ 07205
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312506

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 800331 MSA: 5640
NUMBER OF DIALYSIS STATIONS: 020

BIOMEDICAL LIFE SUPPORT INC
1071 SPRINGFIELD AVE
IRVINGTON NJ 07111
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 312601

BACKUP HOSPITAL: 310076
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 02
MSA: 5640

JERSEY CITY MEDICAL CENTER
50 BALDWIN AVE
JERSEY CITY NJ 07304
INTERMEDIARY NO: 00280
RENAL NETWORK - 32
PROVIDER NO: 310074

CROSS-REFERENCE: 312310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006

HSA: 03
MSA: 3540

BMA OF JERSEY CITY
45 JONES ST
JERSEY CITY NJ 07306
INTERMEDIARY NO: 00280
RENAL NETWORK - 32
PROVIDER NO: 312602

BACKUP HOSPITAL: 310074
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 03
MSA: 3540

ST BARNABAS MEDICAL CENTER
OLD SHORT HILLS RD
LIVINGSTON NJ 07039
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310078

CROSS-REFERENCE: 312312
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 016
TRANSPLANT-UNCONDITIONAL

HSA: 02
MSA: 5640

MONMOUTH MEDICAL CENTER
300 2ND AVE
LONG BRANCH NJ 07740
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310075

CROSS-REFERENCE: 312311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 025

HSA: 04
MSA: 5190

MORRISTOWN MEMORIAL HOSP
100 MADISON AVE
MORRISTOWN NJ 07960
INTERMEDIARY NO: 00280
RENAL NETWORK - 32
PROVIDER NO: 310015

CROSS-REFERENCE: 312303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 014

HSA: 02
MSA: 5640

JERSEY SHORE MEDICAL CENTER
1945 CORLIES AVE
NEPTUNE NJ 07753
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310079

CROSS-REFERENCE: 312309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 014

HSA: 04
MSA: 5190

MIDDLESEX OEM-UNIV HOSP.
180 SOMERSET ST
NEW BRUNSWICK NJ 08901
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310038

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 800325
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 5015

NEWARK BETH ISRAEL MEDICAL CENTER
201 LYONS AVE
NEWARK NJ 07112
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310002

CROSS-REFERENCE: 312301
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 022
TRANSPLANT-UNCONDITIONAL

HSA: 02
MSA: 5640

ST MICHAELS MEDICAL CENTER
305 HIGH STREET
NEWARK NJ 07102
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310095

CROSS-REFERENCE: 312316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 005

HSA: 02
MSA: 5640

COLLEGE HOSPITAL-ESRD
100 BERGEN ST
NEWARK NJ 07107
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 310119

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 790120
NUMBER OF DIALYSIS STATIONS: 005

HSA: 02
MSA: 5640

ST JOSEPHS HOSP & MED CTR
703 MAIN ST
PATERSON NJ 07503
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310019

CROSS-REFERENCE: 312304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 039

HSA: 01
MSA: 0875

CENTRAL JERSEY RENAL DIALYSIS CTR
530 NEW BRUNSWICK AVE
PERTH AMBOY NJ 08861
INTERMEDIARY NO: 00280
RENAL NETWORK = 32
PROVIDER NO: 310039

CROSS-REFERENCE: 312306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 015

HSA: 04
MSA: 5015

BIOMEDICAL LIFE SUPPORT SYSTEMS
PO BOX 550 HOOK MOUNTAIN ROAD
PINE BROOK NJ 07058
INTERMEDIARY NO: 53310
RENAL NETWORK = 32
PROVIDER NO: 312503

BACKUP HOSPITAL: 310075
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 02
MSA: 5640

MUHLENBERG HOSP
PARK AVE RANDOLPH RD
PLAINFIELD NJ 07060
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310063

CROSS-REFERENCE: 312308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 013

HSA: 02
MSA: 5640

SHORE MEMORIAL HOSP
NEW YORK & SUNNY AVES
SOMERS POINT NJ 08244
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310047

CROSS-REFERENCE: 312307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 015

HSA: 05
MSA: 0580

HOLY NAME HOSP
718 TEANICK RD
TEANECK NJ 07666
INTERMEDIARY NO: 00280
RENAL NETWORK - 32
PROVIDER NO: 310006

CROSS-REFERENCE: 312302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 036

HSA: 01
MSA: 0875

COMMUNITY MEMORIAL HOSP
HWY 37 WEST CN 2002
TOMS RIVER NJ 08753
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310041

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 810819
NUMBER OF DIALYSIS STATIONS: 009

HSA: 05
MSA: 5190

HELENE FULD MEDICAL CENTER
750 BRUNSWICK AVE
TRENTON NJ 08638
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 310092

CROSS-REFERENCE: 312315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 010

HSA: 04
MSA: 8480

BMA OF TRENTON INC
40 FULD STREET
TRENTON NJ 08638
INTERMEDIARY NO: 53310
RENAL NETWORK - 32
PROVIDER NO: 312504

BACKUP HOSPITAL: 310092
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 04
MSA: 8480

UNIV OF NEW MEXICO HOSP
2211 LOMAS BLVD,NE
ALBUQUERQUE NM 87106
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320001

CROSS-REFERENCE: 322300
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 01
DATE APPROVED: 830601 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

LOVELACE MEDICAL CENTER
5400 GIBSON SE
ALBUQUERQUE NM 87108
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320019

CROSS-REFERENCE: 322301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 009

VA HOSP
2100 RIDGECREST DR SE
ALBUQUERQUE NM 87108
INTERMEDIARY NO: 99990
RENAL NETWORK = 06
PROVIDER NO: 32006F

CROSS-REFERENCE: 322306
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 010

NEW MEXICO ARTIFICIAL KIDNEY CENTER
400 WALTER N E
ALBUQUERQUE NM 87102
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322600

BACKUP HOSPITAL: 320017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPHOVED: 770831 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 016

ALBUQUERQUE KIDNEY CENTER
11296 LOMAS BLVD NE
ALBUQUERQUE NM 87123
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322604

BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811008 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 010

DIALYSIS CLINIC INC
1611 CENTRAL AVE NE
ALBUQUERQUE NM 87106
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322606

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 830601 MSA: 0200
NUMBER OF DIALYSIS STATIONS: 010

GUADALUPE MEDICAL CTR
2430 W PIERCE ST
CARLSBAD NM 88220
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320063

CROSS-REFERENCE: 322307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 791112 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

CLOVIS HIGH PLAINS HOSP
2100 N THOMAS
CLOVIS NM 88101
INTERMEDIARY NO: 00290
RENAL NETWORK = 05
PROVIDER NO: 320022

CROSS-REFERENCE: 322303
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

FOUR CORNERS DIALYSIS CTR.
587 N MAPLE
FARMINGTON NM 87401
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322603

BACKUP HOSPITAL: 320017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790820 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

GENEVIEVE MCKINLEY CHRISTIAN HOSP
1901 NEW HOCK DRIVE
GALLUP NM 87301
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320036

CROSS-REFERENCE: 322304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

SOUTHERN NM REGIONAL DIALYSIS CTR
1001 N SOLANO DRIVE
LAS CRUCES NM 88001
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322808

BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811208 MSA: 4100
NUMBER OF DIALYSIS STATIONS: 012

EASTERN N M MEDICAL CENTER
405 W COUNTRY CLUB RD
ROSWELL NM 88201
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 320006

CROSS-REFERENCE: 322306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790702 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

SANTA FE DIALYSIS CENTERS INC
1660 HOSPITAL DR #800
SANTA FE NM 87501
INTERMEDIARY NO: 00290
RENAL NETWORK = 06
PROVIDER NO: 322801

BACKUP HOSPITAL: 320001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA: 01
DATE APPROVED: 780109 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 011

ALBANY MEM HOSP
NORTHERN BLVD
ALBANY NY 12204
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330003

CROSS-REFERENCE: 332301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 007

ALBANY MED CTR HOSP
NEW SCOTLAND AV
ALBANY NY 12208
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330013

CROSS-REFERENCE: 332306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 018

TRANSPLANT-UNCONDITIONAL

OOOO SAMARITAN CHRONIC DIALYSIS CENTER
929 SUNRISE HIGHWAY
BAY SHORE SUFFOLK NY 11702
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332607

BACKUP HOSPITAL: 330286
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 00
DATE APPROVED: 770901 MSA: 6380
NUMBER OF DIALYSIS STATIONS: 014

BINGHAMTON GEN HOSP
MITCHELL AVE
BINGHAMTON NY 13903
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330087

CROSS-REFERENCE: 332317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 04
DATE APPROVED: 770901 MSA: 0960
NUMBER OF DIALYSIS STATIONS: 006

BRONX LEBANON HOSP CTR
1276 FULTON AVENUE
BRONX NY 10456
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330009

CROSS-REFERENCE: 332304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 004

MONTEFIORE HOSP
111 E 210TH ST
BRONX NY 10467
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330069

CROSS-REFERENCE: 332313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 011

TRANSPLANT-UNCONDITIONAL

MISERCORDIA HOSP MED CTR
600 EAST 233RD STREET
BRONX NY 10466
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330072

CROSS-REFERENCE: 332316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

ST BARNABAS HOSPITAL
1300 ST & 3RD AVE
BRONX NY
INTERMEDIARY NO: 00500
RENAL NETWORK - 28
PROVIDER NO: 332009

APPROVED AS: DIALYSIN CENTER
10457 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 810807 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 005

BRONX DIALYSIS CENTER
375 EAST OUR HILL RD
BRONX NY
INTERMEDIARY NO: 00308
RENAL NETWORK - 28
PROVIDER NO: 332803

BACKUP HOSPITAL: 330059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
10467 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 042

SAUNDRITTEN KIDNEY CENTER
1200 VAN NEST AVE
BRONX NY
INTERMEDIARY NO: 00308
RENAL NETWORK - 28
PROVIDER NO: 332808

BACKUP HOSPITAL: 330059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
10461 STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 012

SOUTH BRONX KIDNEY CENTER
1834 WEBSTER AVE
BRONX NY
INTERMEDIARY NO: 00308
RENAL NETWORK - 28
PROVIDER NO: 332808

BACKUP HOSPITAL: 330009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
10457 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 020

BROOKLYN HOSP
121 DEKALB AVE
BROOKLYN NY
INTERMEDIARY NO: 00308
RENAL NETWORK - 28
PROVIDER NO: 330088

CROSS-REFERENCE: 332312
APPROVED AS: DIALYSIS CENTER
11201 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 008

LONG ISLAND COLLEGE HOSP
340 HENRY ST
BROOKLYN NY
INTERMEDIARY NO: 00305
RENAL NETWORK - 25
PROVIDER NO: 330182

CROSS-REFERENCE: 332333
APPROVED AS: DIALYSIS CENTER
11201 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 023

MAIMONIDES MEDICAL CENTER
4802 TENTH AVENUE
BROOKLYN NY
INTERMEDIARY NO: 00308
RENAL NETWORK - 25
PROVIDER NO: 330194

CROSS-REFERENCE: 332340
APPROVED AS: DIALYSIS CENTER
11219 STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 007

CONEY ISLAND HOSP
2601 OCEAN PKWY
BROOKLYN NY 11235
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330195

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA:
DATE APPROVED: 810614 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

KINGSBROOK JEWISH MEDICAL CENTER
86 E 49TH ST RUTLAND RD
BROOKLYN NY 11203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330201

CROSS-REFERENCE: 332345
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

KINGS CO HOSP CENTER
451 CLARKSON AVE
BROOKLYN NY 11203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330202

CROSS-REFERENCE: 332346
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 016

BROOKDALE HOSP MEDICAL CENTER
LINDEN BLVD. AT BROOKDALE PLAZA
BROOKLYN NY 11212
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330233

CROSS-REFERENCE: 332352
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 009

LUTHERAN MEDICAL CENTER
150-55TH STREET
BROOKLYN NY 11220
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330305

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 830125 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

DOWNSTATE MEDICAL CENTER
445 LENOX RD BOX 23
BROOKLYN NY 11203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330350

CROSS-REFERENCE: 332354
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 009

TRANSPLANT-UNCONDITIONAL

INTERFAITH MEDICAL CENTER
555 PROSPECT PLACE
BROOKLYN NY 11238
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330397

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 830101 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 031

NEPHROLOGY FOUNDATION OF BROOKLYN
542 FLATBUSH AVE
BROOKLYN NY 11217
INTERMEDIARY NO: 00500
RENAL NETWORK - 26
PROVIDER NO: 332612

BACKUP HOSPITAL: 560360
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 791212 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

SOUTH BROOKLYN NEPHROLOGY CTR INC.
69-15 AVENUE V
BROOKLYN NY 11234
INTERMEDIARY NO: 00508
RENAL NETWORK - 26
PROVIDER NO: 332616

BACKUP HOSPITAL: 560201
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 810720 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

BROOKLYN KIDNEY CENTER
104 STERLING ST
BROOKLYN NY 11217
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 333501

BACKUP HOSPITAL: 560066
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 022

BUFFALO GENERAL HOSP
100 HIGH ST
BUFFALO NY 14203
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330008

BACKUP HOSPITAL: U
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

TRANSPLANT-UNCONDITIONAL

MILLARD FILLMORE HOSP
3 GATES CIRCLE
BUFFALO NY 14209
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330118

CROSS-REFERENCE: 332323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

ERIE CO MED CTR
462 GRIDER ST
BUFFALO NY 14216
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330219

CROSS-REFERENCE: 332350
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 008

TRANSPLANT-UNCONDITIONAL

CHILDRENS HOSP
219 BRYANT ST
BUFFALO NY 14222
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330377

CROSS-REFERENCE: 332367
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 831018 MSA: 1280
NUMBER OF DIALYSIS STATIONS: 003

TRANSPLANT-EXCEPTION

WESTERN NY ARTIFICIAL KIDNEY CENTER
297 LINWOOD AVENUE
BUFFALO NY 14209
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332510

BACKUP HOSPITAL: 330219
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 790327
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 1280

THE MARY IMOGENE BASSETT HOSP
ATWELL RD
COOPERSTOWN NY 13326
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330135

CROSS-REFERENCE: 332329
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004

HSA: 08
MSA: 0000

NASSAU CO MED CTR
2201 HEMPSTEAD TNPK
EAST MEADOW NY 11554
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330027

CROSS-REFERENCE: 332308
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 016

HSA: 08
MSA: 6300

ST JOHN'S QUEENS HOSPITAL
90-02 QUEENS BLVD
ELMHURST NY 11372
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330357

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 840416
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 5600

ARNOT OGDEN MEMORIAL HOSP
RDE AVE OROVE ST
ELMIRA NY 14901
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330090

CROSS-REFERENCE: 332318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008

HSA: 02
MSA: 2336

ST JOHN'S EPISCOPAL HOSP (ESRD)
20-12 MOTT AVE
FAR ROCKAWAY NY 11691
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330382

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 810721
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 5600

BOOTH MEMORIAL HOSP
MAIN ST AT BOOTH MEM AVE
FLUSHING NY 11355
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330055

CROSS-REFERENCE: 332311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 003

HSA: 07
MSA: 5600

FLUSHING HOSP & MEDICAL CTR
4500 PARSONS BLVD
FLUSHING NY 11358
INTERMEDIARY NO: 00508
RENAL NETWORK - 26
PROVIDER NO: 330195
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 840927 MSA:
NUMBER OF DIALYSIS STATIONS: 010

BOOTH MEMORIAL HOSP SATELLITE
MAIN ST AT BOOTH MEM AVE
FLUSHING NY 11355
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 332808
BACKUP HOSPITAL: 330088
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 020

LYDIA E HALL HOSP
320 W MERRICK RD
FREEPORT NY 11520
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330329
CROSS-REFERENCE: 332363
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 010

OLEAN FALLS HOSPITAL
100 PARK STREET
OLEAN FALLS NY 12801
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330191
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 800710 MSA: 2976
NUMBER OF DIALYSIS STATIONS: 004

SOUTH SHORE DIALYSIS CENTER INC
160 N FRANKLIN AVE
HEMPSTEAD NY 11550
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 332821
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 831020 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 016

HUNTINGTON HOSP
270 PARK AVE
HUNTINGTON NY 11743
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330045
CROSS-REFERENCE: 332310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 004

HUNTINGTON ARTIFICIAL KIDNEY CENTER
256 BROADWAY
HUNTINGTON NY 11746
INTERMEDIARY NO: 00308
RENAL NETWORK - 25
PROVIDER NO: 332513
BACKUP HOSPITAL: 330045
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 791219 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 006

QUEENS ARTIFICIAL KIDNEY CTR
34-35 70TH STREET
JACKSON HEIGHTS NY 11372
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332517

BACKUP HOSPITAL: 330128
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 800716 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 052

WOMANS CHRISTIAN ASSOC HOSP
207 FOOTE AVE
JAMESTOWN NY 14701
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330239

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 800226 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

UNITED HEALTH SERVICES
33-57 HARRISON ST
JOHNSON CITY NY 13790
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330394

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 04
DATE APPROVED: 810801 MSA: 0960
NUMBER OF DIALYSIS STATIONS: 004

KINGSTON HOSP
395 BROADWAY
KINGSTON NY 12401
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330004

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770720 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

NORTH SHORE UNIV HOSP
300 COMMUNITY DRIVE
MANHASSET NY 11030
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330106

CROSS-REFERENCE: 332322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 5300
NUMBER OF DIALYSIS STATIONS: 026

ELIZABETH A HORTON MEMORIAL HOSP
60 PROSPECT AVE
MIDDLETOWN NY 10940
INTERMEDIARY NO: 50333
RENAL NETWORK = 25
PROVIDER NO: 330001

CROSS-REFERENCE: 332300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 6960
NUMBER OF DIALYSIS STATIONS: 012

NASSAU HOSP
259 1ST ST
MINEOLA NY 11501
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330167

CROSS-REFERENCE: 332336
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 6380
NUMBER OF DIALYSIS STATIONS: 016

LONG ISLAND JEWISH HILLSIDE MED CTR
LAKEVILLE ROAD
NEW HYDE PARK NY 11042
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330196

CROSS-REFERENCE: 332341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 08
DATE APPROVED: 770901 MSA: 6600
NUMBER OF DIALYSIS STATIONS: 006

NEW ROCHELLE HOSP MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10802
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330184

CROSS-REFERENCE: 332339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 6600
NUMBER OF DIALYSIS STATIONS: 009

PRESBYTENIAN HOP
622 W 168TH ST
NEW YORK NY 10032
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330012

CROSS-REFERENCE: 332308
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 6600
NUMBER OF DIALYSIS STATIONS: 006

TRANSPLANT-UNCONDITIONAL

MOUNT SINAI MEDICAL CTR-9TH FL
1 O L LEVY PL HOUSMAN PAV
NEW YORK NY 10029
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330024

CROSS-REFERENCE: 332307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 6600
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-UNCONDITIONAL

NY INFIRMARY-BEEKMAN DOWNTOWN HOSP
170 WILLIAM ST
NEW YORK NY 10038
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330064

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: B10101 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 007

NEW YORK HOSP
626 E 68TH ST
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK - 26
PROVIDER NO: 330101

CROSS-REFERENCE: 332321
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: B30923 MSA: 6600
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

LENOX HILL HOSP
100 E 77TH ST
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK - 25
PROVIDER NO: 330119

CROSS-REFERENCE: 332324
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 008

ST LUKES HOSP CENTER
AMSTERDAM AVE & 114TH ST
NEW YORK NY 10025
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330120

CROSS-REFERENCE: 332326
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-UNCONDITIONAL

MEMORIAL HOSP
1275 YORK AVE
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330154

CROSS-REFERENCE: 332334
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 007

METROPOLITAN HOSP CENTER
1901 1ST AVE
NEW YORK NY 10029
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330199

CROSS-REFERENCE: 332344
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

BELLEVUE HOSPITAL
27TH ST & FIRST AVE
NEW YORK NY 10016
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330204

CROSS-REFERENCE: 332347
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

UNIVERSITY HOSP
560 FIRST AVE
NEW YORK NY 10016
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330214

CROSS-REFERENCE: 332349
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 004

ST CLARES HOSP HEALTH CENTER
415 W 51ST ST
NEW YORK NY 10019
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330230

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 810727 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 006

HARLEM HOSP CTR
506 LENOX AVE
NEW YORK NY 10037
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330240

CROSS-REFERENCE: 332354
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 004

ST VINCENTS HOSP MEDICAL CENTER
169 W 11TH ST
NEW YORK NY 10011
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330290

CROSS-REFERENCE: 332361
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004

HSA: 07
MSA: 5600

MANHATTAN KIDNEY CENTER
40 EAST 30TH ST
NEW YORK NY 10016
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332602

BACKUP HOSPITAL: 330119
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 028

HSA: 07
MSA: 5500

FLOWER HOSP-RENAL DIALYSIS FACILITY
1249 FIFTH AVE
NEW YORK NY 10029
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332614

BACKUP HOSPITAL: 330120
APPHOVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 791001
NUMBER OF DIALYSIS STATIONS: 013

HSA:
MSA: 5500

ROOOSIN INSTITUTE
429 EAST 71ST ST
NEW YORK NY 10021
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332620

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 820923
NUMBER OF DIALYSIS STATIONS: 027

HSA:
MSA: 5500

CITY DIALYSIS CENTER INC
106 EAST 106 ST
NEW YORK NY 10029
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 332624

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 840706
NUMBER OF DIALYSIS STATIONS: 020

HSA:
MSA: 5500

A BARTON HEPBURN HOSP
214 KING ST
OGDENSBURG NY 13669
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330211

CROSS-REFERENCE: 332348
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004

HSA: 03
MSA: 0000

BROOKHAVEN MEMORIAL HOSP
101 HOSPITAL ROAD
PATCHOGUE NY 11772
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330141

CROSS-REFERENCE: 332332
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 005

HSA: 08
MSA: 5380

CHAMPLAIN VALLEY PHYSICIANS HOSP
100 BEEKMAN ST
PLATTSBURDH NY 12901
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330260

CROSS-REFERENCE: 332356
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REDION: 02 HSA: 05
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

ST FRANCIS HOSP
NORTH RD
POUDHKEEPSIE NY 12601
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330067

CROSS-REFERENCE: 332316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REDION: 02 HSA: 06
DATE APPROVED: 770410 MSA: 6460
NUMBER OF DIALYSIS STATIONS: 006

CITY HOSP CENTER AT ELMHURST
7901 BROADWAY
QUEENS ELMHURST NY 11373
INTERMEDIARY NO: 99990
RENAL NETWORK = 25
PROVIDER NO: 330128

CROSS-REFERENCE: 332328
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-DOVERNMENT NON-FEDERAL

HCFA REDION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMDER OF DIALYSIS STATIONS: 009

LONG ISLAND JEWISH HOSP SATELLITE
214-65 JAMAICA AVE
QUEENS VILLAGE NY 11427
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PRDVIDER NO: 333503

BACKUP HOSPITAL: 330195
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REDION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMDER OF DIALYSIS STATIONS: 018

RDCHESTER GEN HOSP
1425 PORTLAND AVE
ROCHESTER NY 14621
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330125

CROSS-REFERENCE: 332327
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REDION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMDER OF DIALYSIS STATIONS: 010

DENESEE HOSP
244 ALEXANDER ST
RDCHESTER NY 14607
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330183

CROSS-REFERENCE: 332338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REDION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMDER OF DIALYSIS STATIONS: 006

STRONG MEM HOSP (ESRD)
601 ELMWOOD AVE
RDCHESTER NY 14642
INTERMEDIARY NO: 00308
RENAL NETWORK = 26
PROVIDER NO: 330285

CROSS-REFERENCE: 332358
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REDION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMDER OF DIALYSIS STATIONS: 004

TRANSPLANT-UNCONDITIONAL

NEDICAL HOSPITAL SVCS INC
220 ALEXANDER ST 00D8
ROCHESTER NY 14607
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 332616

BACKUP HOSPITAL: 330183
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 810304 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 014

MONROE COMMUNITY HOSP
435 E HENRIETTA RD PO BX 608
ROCHESTER MONROE NY 14603
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 333602

BACKUP HOSPITAL: 330286
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 6840
NUMBER OF DIALYSIS STATIONS: 020

CAPITAL DISTRICT DIALYSIS CTR INC
1101 NOTT ST
SCHENECTADY NY 12308
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 332623

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 840614 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 008

CENTRAL SUFFOLK ARTIFICIAL KIDNEY CTR
1244 MIDDLE COUNTRY RD
SELDEN NY 11784
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 332618

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 811203 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 008

STATEN ISLAND HOSP
475 SEAVIEW AVE
STATEN ISLAND NY 10306
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 330160

CROSS-REFERENCE: 332335
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 008

BAYLEY SETON HOSPITAL
BAY ST & VANDERBILT AVE
STATEN ISLAND NY 10304
INTERMEDIARY NO: 99990
RENAL NETWORK - 2B
PROVIDER NO: 330381

CROSS-REFERENCE: 332368
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PUBLIC HEALTH SERVICE - GOVERNMENT FEDERAL

HCFA REGION: 02 HSA: 07
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010

ISLAND REHABILITATIVE SERVICE CORP
470 SEAVIEW AVE
STATEN ISLAND NY 10306
INTERMEDIARY NO: 00308
RENAL NETWORK - 2B
PROVIDER NO: 332611

BACKUP HOSPITAL: 330160
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 791107 MSA: 5500
NUMBER OF DIALYSIS STATIONS: 012

RICHMOND KIDNEY CENTER
1366 VICTORY BLVD
STATEN ISLAND NY 10301
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 332525
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 840620 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 017

UNIVERSITY HOSP,HEALTH SCIENCE CTR
STATE UNIV OF NEW YORK
STONYBROOK NY 11794
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330393
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA:
DATE APPROVED: 800310 MSA: 5380
NUMBER OF DIALYSIS STATIONS: 008
TRANSPLANT-CONDITIONAL

OOOO SAMARITAN HOSP-WEIS RENAL CTR
RT 59
SUFFERN NY 10901
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330158
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA:
DATE APPROVED: 820803 MSA:
NUMBER OF DIALYSIS STATIONS: 000

ST JOSEPHS HOSP HEALTH CENTER
301 PROSPECT AVE
SYRACUSE NY 13203
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330140
CROSS-REFERENCE: 332331
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 03
DATE APPROVED: 770922 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 013

STATE UNIV HOSP-UPSTATE MED CTR
750 E ADAMS ST
SYRACUSE NY 13210
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330241
CROSS-REFERENCE: 332355
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 03
DATE APPROVED: 770901 MSA: 0160
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

ST LUKES MEMORIAL HOSP CENTER
BOX479
UTICA NY 13503
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330044
CROSS-REFERENCE: 332309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 02 HSA: 03
DATE APPROVED: 770901 MSA: 0600
NUMBER OF DIALYSIS STATIONS: 010

WESTCHESTER COUNTY MED CTR
RENAL DIALYSIS UNIT
VALHALLA NY 10595
INTERMEDIARY NO: 00308
RENAL NETWORK = 25
PROVIDER NO: 330234
CROSS-REFERENCE: 332353
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 02 HSA: 06
DATE APPROVED: 770901 MSA: 5600
NUMBER OF DIALYSIS STATIONS: 010

WESTCHESTER ARTIFICIAL KIDNEY CENTER
503 ORANGELANDS RD
VALHALLA NY 10595
INTERMEDIARY NO: 00305
RENAL NETWORK - 25
PROVIDER NO: 335504

BACKUP HOSPITAL: 330234
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 77091
NUMBER OF DIALYSIS STATIONS: 020

HSA: 05
MSA: 5500

MERCY HOSPITAL OF WATERTOWN
215 STORE ST
WATERTOWN NY 13601
INTERMEDIARY NO: 00508
RENAL NETWORK - 25
PROVIDER NO: 335015

CROSS-REFERENCE: 332364
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 84081
NUMBER OF DIALYSIS STATIONS: 006

HSA: 03
MSA:

GOOD SAMARITAN HOSPITAL
1000 MONTAUK HIGHWAY
WEST ISLIP NY 11795
INTERMEDIARY NO: 00305
RENAL NETWORK - 25
PROVIDER NO: 330205

CROSS-REFERENCE: 332369
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 77091
NUMBER OF DIALYSIS STATIONS: 002

HSA: 08
MSA: 5380

ST JOSEPHS HOSP
127 S BROADWAY
YONKERS NY 10701
INTERMEDIARY NO: 00508
RENAL NETWORK - 25
PROVIDER NO: 335006

CROSS-REFERENCE: 332505
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 77090
NUMBER OF DIALYSIS STATIONS: 014

HSA: 05
MSA: 5500

MEMORIAL MISSION HOSP
509 BILTMORE AVE
ASHEVILLE NC 28801
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340002

CROSS-REFERENCE: 342300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 770601 MSA: 0480
NUMBER OF DIALYSIS STATIONS: 004

ASHEVILLE KIDNEY CENTER INC
10 MCDOWELL ST.
ASHEVILLE NC 28801
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342506

BACKUP HOSPITAL: 340002
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 0480
NUMBER OF DIALYSIS STATIONS: 022

NORTH CAROLINA MEMORIAL HOSP-
MANNING DR-P.O. BOX 601
CHAPEL HILL NC 27514
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340061

CROSS-REFERENCE: 342305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 026
TRANSPLANT-UNCONDITIONAL

CHARLOTTE MEMORIAL HOSP
1000 BLYTHE BLVD-BOX 32861
CHARLOTTE NC 28232
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340113

CROSS-REFERENCE: 342306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 009
TRANSPLANT-UNCONDITIONAL

METROLINA KIDNEY CENTER INC
928 BAXTER ST
CHARLOTTE NC 28201
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342603

BACKUP HOSPITAL: 340113
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 730701 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 060

DUKE UNIVERSITY MEDICAL CENTER
P.O. BOX 3927
DURHAM NC 27710
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340030

CROSS-REFERENCE: 342302
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIONAL

ALBEMARLE DIALYSIS CENTER INC
1140 NORTH ROAD STREET
ELIZABETH CITY NC 27909
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342616

BACKUP HOSPITAL: 340109
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820301 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

FAYETTEVILLE KIDNEY CENTEN INC
1316 AVON NT-P.O.BOK N4NN8
FAYETTEVILLE NC 28306
INTENMEDIANY NO: 00510
RENAL NETWONK = 21
PROVIDEN ND: 342810

BACKUP HOSPITAL: 340028
APPNOVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SENVICES: HEMODIALYSIS
SELF-CANE SENVICES:
TNAINING SENVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION NATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 05
DATE APPROVED: 771219 MSA: 2880
NUMBER OF DIALYSIS STATIONS: 040

DREENSBORO KIDNEY CENTEN INC.
208 W WENDOVEN OR
DREENSBORO NC 27401
INTENMEDIANY NO: 00310
RENAL NETWONK = 21
PROVIDEN ND: N42804

BACKUP HOSPITAL: 340047
APPNOVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES:
TNAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION NATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 02
DATE APPROVED: 780901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 047

PITT CO MEM HDSP
STANDINSBURG ND-BOK N028
DREENVILLE NC 27834
INTERMEDIARY NO: 00310
RENAL NETWONK = 21
PRDVIDER NO: 340040

CNOSS-NEFERENCE: 342303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TNAINING SENVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04 HSA: 05
DATE APPROVED: 801208 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

TRANSPLANT-CONDITIONAL

OREENVILLE DIALYSIS CENTER
DOCTORS PARK BLDG 6
OREENVILLE NC 27834
INTERMEDIARY ND: 00310
RENAL NETWORK = 21
PROVIDER NO: 342802

BACKUP HOSPITAL: 340040
APPNOVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 06
DATE APPROVED: 780901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 035

NORTHWESTERN DIALYSIS FACILITY INC
360 THIRD AVE NW
HICKORY NC 28601
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342816

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830812 MSA: 3290
NUMBER OF DIALYSIS STATIONS: 011

HIGH POINT KIDNEY CENTEN INC
P.O. BOK 8944
HIGH POINT NC 27262
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PRDVIDER NO: 342814

BACKUP HOSPITAL: 340141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE DF DWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 820901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 014

NORTHWESTERN DIALYSIS FACILITY INC
322 MULBERRY ST SW-PO BOX 1258
LENDIR NC 28645
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342809

BACKUP HOSPITAL: 340041
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 01
DATE APPROVED: 770801 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 015

METROLINA KIDNEY CENTER-GASTON CO
504 WILKINSON BLVD
LOWELL NC 28098
INTERMEDIARY NO: 00310
RENAL NETWORK = 2I
PROVIDER NO: 342513
BACKUP HOSPITAL: 340013
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 03
DATE APPROVED: 801112 MSA: 1520
NUMBER OF DIALYSIS STATIONS: 020

THE RALEIGH CLINIC DIALYSIS FACILITY
201 SWINBURNE ST
RALEIGH NC 27610
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342512
BACKUP HOSPITAL: 340069
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 801001 MSA: 6640
NUMBER OF DIALYSIS STATIONS: 020

ROCKY MOUNT KIDNEY CENTER
228 HILL STREET
ROCKY MOUNT NC 27801
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 342517
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 831110 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

SOUTHEASTERN DIALYSIS CENTER INC
2216 YAUPON DRIVE
WILMINGTON NC 28401
INTERMEDIARY NO: 00310
RENAL NETWORK = 2I
PROVIDER NO: 342511
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA: 08
DATE APPROVED: 790826 MSA: 9200
NUMBER OF DIALYSIS STATIONS: 036

CAROLINA CLINIC KIDNEY CENTER
1700 S TARBORO ST
WILSON NC 27893
INTERMEDIARY NO: 00310
RENAL NETWORK = 2I
PROVIDER NO: 342507
BACKUP HOSPITAL: 340040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 06
DATE APPROVED: 760901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 022

NORTH CAROLINA BAPTIST HOSP-
300 S HAWTHORNE RD
WINSTON-SALEM NC 27103
INTERMEDIARY NO: 00310
RENAL NETWORK = 21
PROVIDER NO: 340047
CROSS-REFERENCE: 342304
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-UNCONDITIONAL

PIEDMONT DIALYSIS CENTER INC
300 S HAWTHORNE RD
WINSTON-SALEM NC 27103
INTERMEDIARY NO: 00310
RENAL NETWORK = 2I
PROVIDER NO: 342505
BACKUP HOSPITAL: 340047
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 3120
NUMBER OF DIALYSIS STATIONS: 036

ST ALEXIUS MEDICAL CTR
BOX 1950,311 N 9TH ST
DISMARCK ND 58501
INTERMEDIARY NO: 00320
RENAL NETWORK - 07
PROVIDER NO: 350002

CROSS-REFERENCE: 352300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770705 MSA: 1010
NUMBER OF DIALYSIS STATIONS: 005

DAKOTA HOSPITAL
1720 SOUTH UNIVERSITY DRIVE
FARGO ND 58103
INTERMEDIARY NO: 00320
RENAL NETWORK - 07
PROVIDER NO: 350004

CROSS-REFERENCE: 352301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 03
DATE APPROVED: 770801 MSA: 2520
NUMBER OF DIALYSIS STATIONS: 010

UNITED HOSPITAL
1200 S. COLUMBIA RD.
GRAND FORKS ND 58201
INTERMEDIARY NO: 00320
RENAL NETWORK - 07
PROVIDER NO: 350019

CROSS-REFERENCE: 352302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770818 MSA: 2985
NUMBER OF DIALYSIS STATIONS: 005

TRINITY MEDICAL CENTER HOSP
50 MAIN AND 4TH AVESW
MINOT ND 58701
INTERMEDIARY NO: 00320
RENAL NETWORK - 07
PROVIDER NO: 350043

CROSS-REFERENCE: 352304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 780717 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

AKRON CITY HOSPITAL
626 EAST MARKET STREET
AKRON OH 44309
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360015

CROSS-REFERENCE: 362303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 008

ST THOMAS HOSPITAL MEDICAL CENTER
444 NORTH MAIN STREET
AKRON OH 44310
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360020

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 790820 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 004

AKRON GENERAL MEDICAL CTR
400 WABASH AVE
AKRON OH 44307
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360027

CROSS-REFERENCE: 362304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 007

BIO-MEDICAL APPLICATIONS OF AKRON INC
346 BISHOP STREET
AKRON OH 44307
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362503

BACKUP HOSPITAL: 360027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 08
DATE APPROVED: 770901 MSA: 0080
NUMBER OF DIALYSIS STATIONS: 022

FRANK NAPPI FOUNDATION KIDNEY DIAL CTR
1047 LAKE AVENUE
ASHTABULA OH 44004
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 362507

BACKUP HOSPITAL: 390063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 801130 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

AULTMAN HOSPITAL
2600 6TH STREET SW
CANTON OH 44710
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360084

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 820204 MSA: 1320
NUMBER OF DIALYSIS STATIONS: 008

UNIVERSITY HOSPITAL
234 GOODMAN STREET
CINCINNATI OH 45267
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360003

CROSS-REFERENCE: 362300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 1640
NUMBER OF DIALYSIS STATIONS: 008

GOOD SAMARITAN HOSPITAL
3217 CLIFTON AVENUE
CINCINNATI OH 45220
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360134
CROSS-REFERENCE: 362318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009
HSA: 01
MSA: 1640

CHRIST HOSPITAL
2139 AUBURN AVENUE
CINCINNATI OH 45219
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360163
CROSS-REFERENCE: 362319
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 013
TRANSPLANT-CONDITIONAL
HSA: 01
MSA: 1640

CHILDRENS HOSPITAL MED CTR-ESND
ELLAND AND BETHESDA AVES
CINCINNATI OH 45219
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360226
CROSS-REFERENCE: 362321
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-CONDITIONAL
HSA: 01
MSA: 1640

COMMUNITY LIMITED CARE DIALYSIS CTR
2916 CLIFTON AVE
CINCINNATI OH 45220
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362802
BACKUP HOSPITAL: 360134
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 019
HSA: 01
MSA: 1640

DIALYSIS CLINICS INC.
499 E MCMILLAN
CINCINNATI OH 45206
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362804
BACKUP HOSPITAL: 360003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 027
HSA: 01
MSA: 1640

ST JOHN HOSPITAL
7911 DETROIT AVE
CLEVELAND OH 44102
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360063
CROSS-REFERENCE: 362309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007
HSA: 09
MSA: 1680

CLEVELAND METRO GEN HOSP
3395 SCRANTON RD
CLEVELAND OH 44109
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360069
CROSS-REFERENCE: 362310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008
HSA: 09
MSA: 1680

MT SINAI MEDICAL CTR
UNIVERSITY CIRCLE
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360075

CROSS-REFERENCE: 362311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 014

UNIVERSITY HOSPITALS OF CLEVELAND
2074 ABINGTON RD
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360137

CROSS-REFERENCE: 362316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 010
TRANSPLANT-UNCONDITIONAL

CLEVELAND CLINIC HOSP
9500 EUCLID
CLEVELAND OH 44106
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360180

CROSS-REFERENCE: 362320
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-UNCONDITIONAL

RIVERSIDE METHODIST HOSPITAL
3535 OLENTANGY RIVER RD
COLUMBUS OH 43214
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360006

CROSS-REFERENCE: 362301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 024

MT CARMEL MEDICAL CTR (ESRD)
793 W STATE ST
COLUMBUS OH 43222
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360035

CROSS-REFERENCE: 362305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 010

OHIO STATE UNIVERSITY HOSP
410 W 10TH AVE
COLUMBUS OH 43210
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360085

CROSS-REFERENCE: 362313
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 011
TRANSPLANT-UNCONDITIONAL

DOCTORS HOSPITAL DIALYSIS CTR
1087 DENNISON AVE
COLUMBUS OH 43201
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 360152

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 840112 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 006

CENTRAL OHIO DIALYSIS CENTER
404I N HIGH ST
COLUMBUS OH 43214
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362501

BACKUP HOSPITAL: 360137
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 027

THE CHILDREN'S HOSPITAL-ESND
700 CHILDREN'S DRIVE
COLUMBUS OH 43205
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 363305

APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 840822 MSA: 1840
NUMBER OF DIALYSIS STATIONS: 003
TRANSPLANT-EXCEPTION

MIAMI VALLEY HOSP
ONE WYOMING AVE
DAYTON OH 45409
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 360081

CROSS-REFERENCE: 362307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 2000
NUMBER OF DIALYSIS STATIONS: 031
TRANSPLANT-UNCONDITIONAL

COMMUNITY DIALYSIS CENTER
11201 SHAKER BLVD-BOX 12220
EAST CLEVELAND OH 44112
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 362800

BACKUP HOSPITAL: 360085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 038

ELYRIA MEMORIAL HOSPITAL
630 EAST RIVER STREET
ELYRIA OH 44035
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 360145

CROSS-REFERENCE: 362310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 09
DATE APPROVED: 770901 MSA: 4440
NUMBER OF DIALYSIS STATIONS: 016

LIMA MEM HOSP
LINDEN & MODEL STS
LIMA OH 45804
INTERMEDIARY NO: 00335
RENAL NETWORK = 22
PROVIDER NO: 360009

CROSS-REFERENCE: 362302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 03
DATE APPROVED: 770901 MSA: 4320
NUMBER OF DIALYSIS STATIONS: 009

MANSFIELD KIDNEY CTR BMA
597 PARK AVENUE EAST
MANSFIELD OH 44905
INTERMEDIARY NO: 00334
RENAL NETWORK = 22
PROVIDER NO: 362508

BACKUP HOSPITAL: 360085
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 800818 MSA: 4800
NUMBER OF DIALYSIS STATIONS: 008

COMMUNITY DIALYSIS CTR
9002 MENTOR AVE
MENTOR OH 44060
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 362505

BACKUP HOSPITAL: 360137
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 800227 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY LIMITED CARE DIALYSIS
6 EAST AVE
MONROE OH 45050
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362506

BACKUP HOSPITAL: 360134
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05 HSA: 05
DATE APPROVED: 800331 MSA: 3200
NUMBER OF DIALYSIS STATIONS: 007

CLEVELAND CLINIC WEST SIDE DIAL CTR
5230 HAUSERMAN RD
PARMA OH 44130
INTERMEDIARY NO: 00333
RENAL NETWORK = 22
PROVIDER NO: 363500

BACKUP HOSPITAL: 360180
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 790515 MSA: 1680
NUMBER OF DIALYSIS STATIONS: 015

R.E. MARTIN MEMORIAL DIALYSIS CENTER
1248 KINNEYS LANE
PORTSMOUTH OH 45662
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 360022

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810223 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 000

PROVIDENCE HOSP
1912 SOUTH HAYES AVE
SANDUSKY OH 44870
INTERMEDIARY NO: 00337
RENAL NETWORK = 22
PROVIDER NO: 350024

CROSS-REFERENCE: 362322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 04
DATE APPROVED: 780905 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

CLARK COUNTY DIALYSIS FACILITY INC
247 S BURNETT RD
SPRINGFIELD OH 45505
INTERMEDIARY NO: 00332
RENAL NETWORK = 17
PROVIDER NO: 362510

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 831215 MSA: 2000
NUMBER OF DIALYSIS STATIONS: 010

ST JOHN MEDICAL CTR
ST JOHN HEIGHTS
STEUBENVILLE OH 43952
INTERMEDIARY NO: 00332
RENAL NETWORK = 22
PROVIDER NO: 350083

CROSS-REFERENCE: 362312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 8080
NUMBER OF DIALYSIS STATIONS: 019

MEDICAL COLLEGE OF OHIO AT TOLEDO
3000 ARLINGTON AVE-CS 10008
TOLEDO OH 43699
INTERMEDIARY NO: 00337
RENAL NETWORK - 22
PROVIDER NO: 360040

CROSS-REFERENCE: 362306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

HSA: 04
MSA: 8400

TOLEDO HOSP DIALYSIS UNIT
2142 NORTH COVE BLVD
TOLEDO OH 43606
INTERMEDIARY NO: 00337
RENAL NETWORK - 22
PROVIDER NO: 360065

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 780627
NUMBER OF DIALYSIS STATIONS: 004

HSA:
MSA: 8400

ST VINCENTS MEDICAL CENTER
2213 CHERRY ST
TOLEDO OH 43608
INTERMEDIARY NO: 00337
RENAL NETWORK - 22
PROVIDER NO: 360112

CROSS-REFERENCE: 362314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 031

HSA: 04
MSA: 8400

GREENFIELD HEALTH SYSTEMS CORP
2026 ARLINGTON AVE
TOLEDO OH 43699
INTERMEDIARY NO: 00337
RENAL NETWORK - 22
PROVIDER NO: 362509

BACKUP HOSPITAL: 360040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 810824
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 8400

YOUNGSTOWN HOSP
DYPSY LANE & OOLETA AVE
YOUNGSTOWN OH 44501
INTERMEDIARY NO: 00332
RENAL NETWORK - 22
PROVIDER NO: 360141

CROSS-REFERENCE: 362317
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 019

HSA: 10
MSA: 9320

ST ELIZABETH HOSP
1044 BELMONT AVE
YOUNGSTOWN OH 44504
INTERMEDIARY NO: 00332
RENAL NETWORK - 22
PROVIDER NO: 360064

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 810502
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 9320

ZANESVILLE DIALYSIS CENTER
3120 NEWARK RD
ZANESVILLE OH 43701
INTERMEDIARY NO: 00334
RENAL NETWORK - 22
PROVIDER NO: 362611

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 05
DATE APPROVED: 831216
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 0000

HILLCREST/J.PHILLIPS DIALYSIS FACILITY
3500 E FRANK PHILLIPS BLVD
BARTLESVILLE OK 74006
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370018
CROSS-REFERENCE: 372315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 840808 MSA:
NUMBER OF DIALYSIS STATIONS: 005

CLINTON REGIONAL HOSP
1000 NORTH LEE
CLINTON OK 73601
INTERMEDIARY NO: 52280
RENAL NETWORK = 10
PROVIDER NO: 370029
CROSS-REFERENCE: 372304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

MIDWEST DIALYSIS DUNCAN INC
2645 WEST ELK AVE
DUNCAN OK 73533
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372503
BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790403 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

ST MARYS HOSP OF ENID INC
305 S 5TH ST BOX 232
ENID OK 73701
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370025
CROSS-REFERENCE: 372302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 2340
NUMBER OF DIALYSIS STATIONS: 005

MC ALESTER GEN HOSP
1 CLARK BASS BLVD
MCALESTER OK 74501
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370034
CROSS-REFERENCE: 372305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

HILLCREST/MUSKOGEE DIALYSIS FACILITY
300 ROCKEFELLER DR
MUSKOGEE OK 74401
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370026
CROSS-REFERENCE: 372315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 840802 MSA:
NUMBER OF DIALYSIS STATIONS: 005

BAPTIST MEDICAL CENTER OF OKLAHOMA INC
3300 NORTH WEST EXPRESSWAY
OKLAHOMA CITY OK 73112
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370028
CROSS-REFERENCE: 372303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 005

OKLAHOMA MEMORIAL HOSPITAL
PO BOX 26307
OKLAHOMA CITY OK 73126
INTERMEDIARY NO: 82280
RENAL NETWORK = 10
PROVIDER NO: 370038

CROSS-REFERENCE: 372513
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 008

ST ANTHONY HOSP
1000 N LEE ST
OKLAHOMA CITY OK 73102
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370037

CROSS-REFERENCE: 372306
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 009

PRESBYTERIAN HOSPITAL INC
NORTHEAST 15TH ST LINCOLN BLVD
OKLAHOMA CITY OK 73104
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370093

CROSS-REFERENCE: 372314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 830120 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 004

VA HOSP
921 NE 13TH ST
OKLAHOMA CITY OK 73104
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 370141

CROSS-REFERENCE: 372310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

OKLAHOMA CHILDRENS MEM HOSP
940 NE 13TH ST BOX 26307
OKLAHOMA CITY OK 73126
INTERMEDIARY NO: 99990
RENAL NETWORK = 10
PROVIDER NO: 370167

CROSS-REFERENCE: 372311
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770901 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 000

MIDWEST DIALYSIS INC
4312 CLASSEN BOULEVARD
OKLAHOMA CITY OK 73118
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372500

BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

OKLAHOMA DIALYSIS INC.
1117 N SHARTEL SUITE 702
OKLAHOMA CITY OK 73103
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372502

BACKUP HOSPITAL: 370037
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 02
DATE APPROVED: 780907 MSA: 5880
NUMBER OF DIALYSIS STATIONS: 010

HILLCREST/OKMULGEE DIALYSIS FACILITY
1401 MORRIS DR
OKMULGEE OK 74447
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830922 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

ST JOSEPHS HOSPITAL
14TH AND HARTFORD
PONCA CITY OK 74601
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370006
CROSS-REFERENCE: 372301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

SAYRE MEMORIAL HOSPITAL
601 E WASHINGTON BOX 100
SAYRE OK 73662
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370103
CROSS-REFERENCE: 372309
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 05
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

STILLWATER MEDICAL CENTER ESRD
1323 W 6TH AVE-BOX 2408
STILLWATER OK 74074
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 372506
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830826 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

TAHLEQUAH CITY HOSP
1400 E. DOWNING
TAHLEQUAH OK 74464
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370089
CROSS-REFERENCE: 372307
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06 HSA: 02
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 001

HILLCREST MEDICAL CENTER
1120 SOUTH UTICA
TULSA OK 74104
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370001
CROSS-REFERENCE: 372300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA: 01
DATE APPROVED: 770901 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 017
TRANSPLANT-UNCONDITIONAL

OKLAHOMA OSTEOPATHIC HOSPITAL
744 W 9TH STREET
TULSA OK 74127
INTERMEDIARY NO: 00340
RENAL NETWORK = 10
PROVIDER NO: 370078
CROSS-REFERENCE: 372312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 770613 MSA: 8560
NUMBER OF DIALYSIS STATIONS: 007

ST FRANCIS HOSP
6161 S YALE AVE
TULSA OK 74136
INTERMEDIARY NO: 62280
RENAL NETWORK - 10
PROVIDER NO: 370061

CROSS-REFERENCE: 372508
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 009

HSA: 01
MSA: 8560

TULSA DIALYSIS CENTER
4456 S HARVARD AVE
TULSA OK 74135
INTERMEDIARY NO: 00340
RENAL NETWORK - 10
PROVIDER NO: 372804

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 830523
NUMBER OF DIALYSIS STATIONS: 015

HSA:
MSA: 8550

EASTERN CASCADE DIALYSIS CENTER
369 NE REVERE AVE
BEND OR 97701
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382503
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA:
DATE APPROVED: 821220 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

SACRED HEART GENERAL HOSPITAL
1255 HILYARD ST
EUGENE OR 97401
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380033
BACKUP HOSPITAL: 380033
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 2400
NUMBER OF DIALYSIS STATIONS: 010

COMMUNITY DIALYSIS OF MEDFORD
1005 E MAIN ST SUITE 5
MEDFORD OR 97501
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382501
BACKUP HOSPITAL: 380033
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 10 HSA: 02
DATE APPROVED: 770901 MSA: 4090
NUMBER OF DIALYSIS STATIONS: 009

OREGON HEALTH SCIENCES UNIV
3181 SW SAM JACKSON PARK RD
PORTLAND OR 97201
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380009
CROSS-REFERENCE: 382300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 000
TRANSPLANT-UNCONDITIONAL

GOOD SAMARITAN HOSP & MED CENTER
1015 NW 22 AVE
PORTLAND OR 97210
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380017
BACKUP HOSPITAL: 380051
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 031

PROVIDENCE MEDICAL CTR (ESRD)
4805 NE GLISAN
PORTLAND OR 97213
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 380051
BACKUP HOSPITAL: 380051
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-NOT FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 6440
NUMBER OF DIALYSIS STATIONS: 006

OREGON KIDNEY CENTER
5314 NE IRVING
PORTLAND OR 97213
INTERMEDIARY NO: 00350
RENAL NETWORK = 02
PROVIDER NO: 382500
BACKUP HOSPITAL: 380051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 021

MERCY REGIONAL DIALYSIS CTR
201 NW MEDICAL LOOP RD #190
ROSEBURG OR 97470
INTERMEDIARY NO: 00550
RENAL NETWORK = 02
PROVIDER NO: 382504

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA:
DATE APPROVED: 830907 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

COMMUNITY DIALYSIS OF SALEM
420 MILL ST SE
SALEM OR 97301
INTERMEDIARY NO: 00550
RENAL NETWORK = 02
PROVIDER NO: 382502

BACKUP HOSPITAL: 350017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 10 HSA: 02
DATE APPROVED: 780831 MSA: 7080
NUMBER OF DIALYSIS STATIONS: 010

ABINGTON MEMORIAL HOSP
1200 YORK RD
ABINGTON PA 19001
INTERMEDIARY NO: 53390
RENAL NETWORK = 24
PROVIDER NO: 390231

CROSS-REFERENCE: 392333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 004

BIO-MEDICAL APPL OF ABINGTON INC
1231 OLD YORK ROAD
ABINGTON PA 19001
INTERMEDIARY NO: 53390
RENAL NETWORK = 24
PROVIDER NO: 392506

BACKUP HOSPITAL: 390231
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 020

THE ALLENTOWN HOSPITAL
17TH + CHEW STS
ALLENTOWN PA 18102
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 390133

CROSS-REFERENCE: 392322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 013

BMA OF ALLENTOWN
2016 HAMILTON ST. SUITE 208
ALLENTOWN PA 18104
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 392506

BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 022

DIALYSIS CLINICS INC OF ALQUIPPA
2400 HOSPITAL DR
ALQUIPPA PA 15001
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392529

BACKUP HOSPITAL: 390164
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810224 MSA: 0046
NUMBER OF DIALYSIS STATIONS: 012

ALTOONA HOSP
HOWARD AVE & 7TH ST
ALTOONA PA 16603
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390073

CROSS-REFERENCE: 392313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 09
DATE APPROVED: 770901 MSA: 0280
NUMBER OF DIALYSIS STATIONS: 016

ST LUKES HOSPITAL OF BETHLEHEM
801 OSTRUM ST
BETHLEHEM PA 18015
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 390049

CROSS-REFERENCE: 392340
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790815 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 004

OMA OF BETHLEHEM
1888 WEST MANNET STREET
BETHLEHEM PA 18018
INTERMEDIARY NO: 00380
RENAL NETWORK - 24
PROVIDER NO: 392811

BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 0240
NUMBER OF DIALYSIS STATIONS: 019

COMMUNITY DIALYSIS SERVICES
358 W WASHINGTON ST
BRADFORD PA 16701
INTERMEDIARY NO: 00383
RENAL NETWORK - 22
PROVIDER NO: 392823

BACKUP HOSPITAL: 390003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 791121 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

BRYN MAWR HOSPITAL
BRYN MAWR AVE
BRYN MAWR PA 19010
INTERMEDIARY NO: 51390
RENAL NETWORK - 24
PROVIDER NO: 390139

CROSS-REFERENCE: 392323
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 771002 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 006

HAVERFORD DIALYSIS UNIT
946 HAVERFORD RD
BRYN MAWR PA 19010
INTERMEDIARY NO: 51390
RENAL NETWORK - 24
PROVIDER NO: 392804

BACKUP HOSPITAL: 390195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 24
DATE APPROVED: 770801 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 018

BMA OF BUTLER INC.
939 EAST BRADY ST EXT
BUTLER PA 16001
INTERMEDIARY NO: 00363
RENAL NETWORK - 22
PROVIDER NO: 392626

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800530 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 011

BRANDYWINE HOSPITAL
201 NEECEVILLE RD
CALN TOWNSHIP PA 19320
INTERMEDIARY NO: 51390
RENAL NETWORK - 24
PROVIDER NO: 390075

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830511 MSA: 5160
NUMBER OF DIALYSIS STATIONS: 003

GEISINGER MEDICAL CTR
NORTH ACADEMY AVENUE
DANVILLE PA 17822
INTERMEDIARY NO: 00361
RENAL NETWORK - 24
PROVIDER NO: 390008

CROSS-REFERENCE: 392300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 810320 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 015

KIDNEY CTR OF CHESTER CO LTD
960 E LINCOLN HWY
DOWNINGTOWN PA I9335
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392522
BACKUP HOSPITAL: 390180
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 790906 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 020

DELAWARE CO MEM HOSP
LANSDOWNE KEYSTONE AVES
DREXEL HILL PA I9026
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390081
CROSS-REFERENCE: 392315
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 01
DATE APPROVED: 77D901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006
TRANSPLANT-CONDITIONAL

COMMUNITY DIALYSIS SERVICE OF DUBOIS
MAPLE AVENUE
DU BOIS PA I5801
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 392526
BACKUP HOSPITAL: 390260
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 800924 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

HAMOT REGIONAL DIALYSIS CTR
201 STATE ST
ERIE PA I6550
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390063
CROSS-REFERENCE: 392309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 03 HSA: 07
DATE APPROVED: 770901 MSA: 2360
NUMBER OF DIALYSIS STATIONS: 004

RENAL CARE OF ERIE INC
6924 OLD FRENCH RD
ERIE PA 16509
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392528
BACKUP HOSPITAL: 360141
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 810112 MSA: 2360
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY DIALYSIS SVCS OF ERIE
201 STATE ST
ERIE PA 16507
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392543
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 03 HSA:
DATE APPROVED: 840711 MSA: 2360
NUMBER OF DIALYSIS STATIONS: 016

BMA OF GREENSBURG
662 SHEARER ST
GREENSBURG PA 15601
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392520
BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 03 HSA: 06
DATE APPROVED: 790131 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 012

STATE = PENNSYLVANIA

RENAL PROVIDER LIST AS OF 12/31/84

POLYCLINIC MEDICAL CENTER
3RD ST POLYCLINIC AVE
HARRISBURG PA 17105
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390067

CROSS-REFERENCE: 392311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 008

HSA: 04
MSA: 3240

HARRISBURG HOSP
SOUTH FRONT ST
HARRISBURG PA 17101
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390065

CROSS-REFERENCE: 392317
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 821004
NUMBER OF DIALYSIS STATIONS: 000

HSA: 04
MSA: 3240

HAZLETON STATE GENERAL HOSP
E BROAD ST
HAZLETON PA 18201
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390185

APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800423
NUMBER OF DIALYSIS STATIONS: 000

HSA:
MSA: 7550

DMA OF HAZLETON
EAST BROAD ST
HAZLETON PA 18201
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 392624

BACKUP HOSPITAL: 390185
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800423
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 7550

M. S. HERSHEY MEDICAL CENTER
500 UNIVERSITY DR
HERSHEY PA 17033
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390256

CROSS-REFERENCE: 392335
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03
DATE APPROVED: 8012I5
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-UNCONDITIONAL

HSA: 04
MSA: 3240

MERCY HOSPITAL OF JOHNSTOWN
1020 FRANKLIN ST
JOHNSTOWN PA 15905
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390060

CROSS-REFERENCE: 392308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 751019
NUMBER OF DIALYSIS STATIONS: 018

HSA: 09
MSA: 3580

LANCASTER OSTEOPATHIC HOSP
1175 CLARK ST.
LANCASTER PA 17604
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390068

CROSS-REFERENCE: 392312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004

HSA: 04
MSA: 4000

LANCASTER GENERAL HOSPITAL
666 N DUKE ST
LANCASTER PA 17604
INTERMEDIARY NO: 61390
RENAL NETWORK = 24
PROVIDER NO: 390100

CROSS-REFERENCE: 992318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770901 MSA: 4000
NUMBER OF DIALYSIS STATIONS: 012

SHADELAND DIALYSIS FACILITY
211 SHADELAND AVE
LANDSDOWNE PA 19060
INTERMEDIARY NO: 61390
RENAL NETWORK = 24
PROVIDER NO: 392602

BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 012

ST MARY S HOSPITAL INC
LANDHORNE-NEWTON RD
LANGHORNE PA 19047
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390258

CROSS-REFERENCE: 392339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 780731 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 015

DIALYSIS CORP OF HARRISBURG INC
27 MILLER ST SUITE 120
LEMOYNE PA 17043
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 392634

BACKUP HOSPITAL: 390098
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 821004 MSA: 3240
NUMBER OF DIALYSIS STATIONS: 020

LEWISTON HOSP
HIGHLAND AVE
LEWISTOWN PA 17044
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390048

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 811023 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

COMMUNITY DIALYSIS SVCS OF MCKEESPORT
723 WALNUT ST
MCKEESPORT PA 15132
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392532

BACKUP HOSPITAL: 390060
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 811126 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 007

COMMUNITY DIALYSIS SERVICES
122 PARK AVE PLAZA
MEADVILLE PA 16336
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392537

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830512 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

STATE = PENNSYLVANIA — RENAL PROVIDER LIST AS OF 12/31/84

DIALYSIS CLINIC INC
704 FOURTH AVE
NEW KENSINGTON PA 10D60
INTERMEDIARY NO: 00303
RENAL NETWORK = 22
PROVIDER NO: 392036

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 — HSA:
DATE APPROVED: 82122D — MSA: 6160
NUMBER OF DIALYSIS STATIONS: 011

DIALYSIS CENTER OF MONTGOMERY
POWELL AND WEST WOODS STS
NORRISTOWN PA 19401
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392018

BACKUP HOSPITAL: 390190
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 — HSA: 01
DATE APPROVED: 77080I — MSA: 6160
NUMBER OF DIALYSIS STATIONS: 010

DMA OF EASTON
RTE 248 NORTHWOOD AVE
NORTHAMPTON PA 18042
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 392017

BACKUP HOSPITAL: 390133
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 — HSA: 02
DATE APPROVED: 77083I — MSA: 0240
NUMBER OF DIALYSIS STATIONS: 022

RENAL CARE OF OIL CITY INC
180 E DISSELL AVE
OIL CITY PA 16301
INTERMEDIARY NO: 00383
RENAL NETWORK = 22
PROVIDER NO: 392041

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 — HSA:
DATE APPROVED: 84D619 — MSA:
NUMBER OF DIALYSIS STATIONS: 005

ST AGNES MEDICAL CENTER
1900 S BROAD ST
PHILADELPHIA PA 19140
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390022

CROSS-REFERENCE: 392301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 — HSA: 01
DATE APPROVED: 77080I — MSA: 6160
NUMBER OF DIALYSIS STATIONS: 009

TEMPLE UNIVERSITY HOSP
3401 N BROAD ST
PHILADELPHIA PA 19140
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390027

CROSS-REFERENCE: 392302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 — HSA: 01
DATE APPROVED: 77080I — MSA: 6160
NUMBER OF DIALYSIS STATIONS: 012

HOSPITAL OF THE MED COLL OF PA
3300 HENRY AVE
PHILADELPHIA PA 19129
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390047

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 — HSA:
DATE APPROVED: 820507 — MSA: 6160
NUMBER OF DIALYSIS STATIONS: 006

HAHNEMANN UNIV HOSP
230 N BROAD ST
PHILADELPHIA PA 19102
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390051

CROSS-REFERENCE: 392305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 018
TRANSPLANT-UNCONDITIONAL

METROPOLITAN HOSP
201 NORTH EIGHTH ST
PHILADELPHIA PA 19105
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390059

CROSS-REFERENCE: 392307
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

UNIVERSITY OF PENNSYLVANIA HOSP
34TH AND SPRUCE STREETS
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390111

CROSS-REFERENCE: 392319
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

ALBERT EINSTEIN MEDICAL CENTER
YORK AND TABOR ROADS
PHILADELPHIA PA 19141
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390142

CROSS-REFERENCE: 392338
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

MERCY CATHOLIC MEDICAL CTR
54TH ST & CEDAR AVE
PHILADELPHIA PA 19143
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390156

CROSS-REFERENCE: 392324
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 830701 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

GRADUATE HOSPITAL
415 S 19TH ST
PHILADELPHIA PA 19146
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390170

CROSS-REFERENCE: 392328
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 830701 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

THOMAS JEFFERSON UNIV HOSP
11TH WALNUT ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390174

CROSS-REFERENCE: 392330
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-CONDITIONAL

LANKENAU HOSP
LANCASTER WEST OF CITY LINE
PHILADELPHIA PA 19151
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 390198

CROSS-REFERENCE: 392332
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 831117 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 000

ST CHRISTOPHERS HOSP FOR CHILDREN
2600 NORTH LAWRENCE STREET
PHILADELPHIA PA 19133
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390269

CROSS-REFERENCE: 392336
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 005
TRANSPLANT-CONDITIONAL

BMA OF PHILADELPHIA INC
3225 ARCH STREET
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392601

BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 030

BMA OF CENTRAL PHILADELPHIA
200 NORTH 13TH ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392607

BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 029

DIO-MED APPL OF N PHILA INC
5933-39 N BROAD ST
PHILADELPHIA PA 19141
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392609

BACKUP HOSPITAL: 390142
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 025

BMA OF METROPOLITAN PHILA INC
201 N EIGHTH ST
PHILADELPHIA PA 19106
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392610

BACKUP HOSPITAL: 390059
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770901 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 018

AIRPORT DIALYSIS FACILITY
6536 UPLAND STREET
PHILADELPHIA PA 19142
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392613

BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 770801 MSA: 6160
NUMBER OF DIALYSIS STATIONS: 012

ROXBOROUGH DIALYSIS FACILITY
5800 RIDGE AVE
PHILADELPHIA PA 19128
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392516

BACKUP HOSPITAL: 390111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 77D9D1 MSA: 6160
NUMBER OF DIALYSIS STATIONS: D06

UNIV OF PA OUTPATIENT DIALYSIS
133 S 36 ST
PHILADELPHIA PA 19104
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392521

BACKUP HOSPITAL: 39D111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790630 MSA: 6160
NUMBER OF DIALYSIS STATIONS: D20

CHESTNUT HILL DIALYSIS CTR LTD
86 BETHLEHEM PIKE
PHILADELPHIA PA 19118
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392527

BACKUP HOSPITAL: 390D51
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 8D090B MSA: 616D
NUMBER OF DIALYSIS STATIONS: D06

TEMPLE UNIV OUT-PT DIALYSIS UNIT
3333 N BROAD ST
PHILADELPHIA PA 19140
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392530

BACKUP HOSPITAL: 39DD27
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 810611 MSA: 616D
NUMBER OF DIALYSIS STATIONS: D1D

FRANKLIN DIALYSIS CTRS INC
700 SPRUCE ST
PHILADELPHIA PA 19107
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392531

BACKUP HOSPITAL: 39D111
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 81D9D1 MSA: 6160
NUMBER OF DIALYSIS STATIONS: D1D

BMA OF N E PHILADELPHIA
7143 FRANKFORD AVE
PHILADELPHIA PA 19135
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392533

BACKUP HOSPITAL: 39D027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 811214 MSA: 6160
NUMBER OF DIALYSIS STATIONS: D14

COMMUNITY DIALYSIS SERVICES
54TH & CEDAR AVE
PHILADELPHIA PA 19143
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392536

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 83D7D1 MSA: 6160
NUMBER OF DIALYSIS STATIONS: D08

STATE = PENNSYLVANIA

RENAL PROVIDER LIST AS OF 12/31/84

GRADUATE MEDICAL ASSOCIATES INC
19TH & LOMBARD STS 8701
PHILADELPHIA PA 19146
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392530

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 830701
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 6160

MAIN LINE DIALYSIS SERVICES LTD
CITY LINE & LANCASTER AVES
PHILADELPHIA PA 19151
INTERMEDIARY NO: 51590
RENAL NETWORK = 24
PROVIDER NO: 392839

BACKUP HOSPITAL: 390195
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 831117
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 6160

DMA OF FAIRMOUNT INC
2301 PENNSYLVANIA AVE
PHILADELPHIA PA 19130
INTERMEDIARY NO: 51390
RENAL NETWORK = 24
PROVIDER NO: 392840

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 840423
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 6160

DMA OF WESTERN PA
4000 FRIENDSHIP AVE
PITTSBURG PA 15224
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392842

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 840601
NUMBER OF DIALYSIS STATIONS: 017

HSA:
MSA: 6280

ST FRANCIS GENERAL HOSPITAL
45TH ST OFF PENN AVE
PITTSBURGH PA 15201
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390029

CROSS-REFERENCE: 392303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 004

HSA: 06
MSA: 6280

ALLEGHENY GENERAL HOSP
320 E NORTH AVE
PITTSBURGH PA 15212
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390050

CROSS-REFERENCE: 392305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 018

HSA: 06
MSA: 6280

WESTERN PA HOSPITAL
4800 FRIENDSHIP AVE
PITTSBURGH PA 15224
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390090

CROSS-REFERENCE: 392316
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 840601
NUMBER OF DIALYSIS STATIONS: 000

HSA: 06
MSA: 6280

VA HOSP
UNIVERSITY DR
PITTSBURGH PA 15240
INTERMEDIARY NO: 99990
RENAL NETWORK = 22
PROVIDER NO: 39012F

CROSS-REFERENCE: 392321
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 014

PRESBYTERIAN-UNIVERSITY HOSP
3420 FIFTH AVE
PITTSBURGH PA 15213
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 390164

CROSS-REFERENCE: 392327
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 020
TRANSPLANT-UNCONDITIONAL

BIO MEDICAL APPLICATIONS
4401 PENN AVE
PITTSBURGH PA 15201
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392603

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 06
DATE APPROVED: 770901 MSA: 6280
NUMBER OF DIALYSIS STATIONS: 010

BMA OF SOUTH HILLS INC
799 CASTLE SHANNON BLVD
PITTSBUROH PA 15234
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392544

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 840919 MSA:
NUMBER OF DIALYSIS STATIONS: 010

GOOD SAMARITAN HOSPITAL
E NORWEGIAN & TREMONT STS
POTTSVILLE PA 17901
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390031

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830103 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

BMA OF POTTSVILLE
MEDICAL ARTS BLDG RTE 61
POTTSVILLE PA 17901
INTERMEDIARY NO: 00360
RENAL NETWORK = 24
PROVIDER NO: 39251B

BACKUP HOSPITAL: 390051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770829 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

ST JOSEPHS HOSP
216 NORTH 12TH STREET
READING PA 19603
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390160

CROSS-REFERENCE: 392326
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770701 MSA: 6680
NUMBER OF DIALYSIS STATIONS: 013

STATE - PENNSYLVANIA

RENAL PROVIDER LIST AS OF 12/31/84

ROBERT PACKER HOSP
OUTHRIE SQUARE
SAYRE PA
INTERMEDIARY NO: 00364
RENAL NETWORK = 26
PROVIDER NO: 390079

18840

CROSS-REFERENCE: 392341
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 780404
NUMBER OF DIALYSIS STATIONS: 006

HSA: 04
MSA: 0000

MOSES TAYLOR HOSPITAL
700 QUINCY AVENUE
SCRANTON PA
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390119

18510

CROSS-REFERENCE: 392320
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 036

HSA: 03
MSA: 7650

CENTRE COM HOSP-MOUNTAINVIEW
ORCHARD RD
STATE COLLEGE PA
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390268

16801

CROSS-REFERENCE: 392338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 790701
NUMBER OF DIALYSIS STATIONS: 008

HSA: 09
MSA: 8060

CROZER CHESTER MEDICAL CENTER
15TH ST UPLAND AVE
UPLAND PA
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 390180

19013

CROSS-REFERENCE: 392331
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007

HSA: 01
MSA: 5160

KIDNEY CTR OF DELAWARE CO LTD
15 ST AND UPLAND AVE
UPLAND-CHESTER PA
INTERMEDIARY NO: 00362
RENAL NETWORK = 24
PROVIDER NO: 392508

19013

BACKUP HOSPITAL: 390180
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 026

HSA: 01
MSA: 0240

BMA OF SOUTHWESTERN PA INC
90 W CHESTNUT ST
WASHINGTON PA
INTERMEDIARY NO: 00363
RENAL NETWORK = 22
PROVIDER NO: 392519

15301

BACKUP HOSPITAL: 390029
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770909
NUMBER OF DIALYSIS STATIONS: 011

HSA: 06
MSA: 6280

WILKES-BARRE GENERAL HOSP
N RIVER & AUBURN STS
WILKES BARRE PA
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390054

18764

CROSS-REFERENCE: 392310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007

HSA: 03
MSA: 7560

DBA OF WILKES-BARRE
66-68 LINDEN ST WEST
WILKES-BARRE PA 18702
INTERMEDIARY NO: 00354
RENAL NETWORK = 24
PROVIDER NO: 392512

BACKUP HOSPITAL: 390064
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 77D901 MSA: 7660
NUMBER OF DIALYSIS STATIONS: 020

FRANCIS V COSTELLO DIALYSIS CTR
1100 DAMPIAN BLVD
WILLIAMSPORT PA 17701
INTERMEDIARY NO: 00364
RENAL NETWORK = 24
PROVIDER NO: 390075

CROSS-REFERENCE: 392314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 77D901 MSA: 9140
NUMBER OF DIALYSIS STATIONS: 016

YORK HOSPITAL
1001 SOUTH GEORGE ST
YORK PA 17405
INTERMEDIARY NO: 00361
RENAL NETWORK = 24
PROVIDER NO: 390046

CROSS-REFERENCE: 392304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 04
DATE APPROVED: 77D901 MSA: 9280
NUMBER OF DIALYSIS STATIONS: 014

STATE = PUERTO RICO

RENAL PROVIDER LIST AS OF 12/31/84

BMA OF BAYAMON-F.N. TONNES BLOO
NT 2 K11.2 00616
BAYAMON PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402604

BACKUP HOSPITAL: 400061
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 790512 MSA: T440
NUMBER OF DIALYSIS STATIONS: 021

CENTROS DE NEFROLOGIA DEL CARIBE
P.O. BOX 6659 00626
CAGUAS PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402606

BACKUP HOSPITAL: 400104
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 820518 MSA: 1310
NUMBER OF DIALYSIS STATIONS: 016

BIOMEDICAL APPLICATIONS OF CAROLINA
PLAZA CAROLINA MALL STONE 296 00630
CAROLINA PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402607

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA:
DATE APPROVED: 840503 MSA:
NUMBER OF DIALYSIS STATIONS: 012

AUXILIO MUTUO HOSP
PONCE DE LEON AVENUE 00919
HATO REY PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 400018

CROSS-REFERENCE: 402301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02 HSA: 02
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 004

BIOMEDICAL APPLICATIONS OF SAN JUAN
208 DUARTE ST 0091T
HATO REY PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402601

BACKUP HOSPITAL: 400016
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 7440
NUMBER OF DIALYSIS STATIONS: 022

MAYAGUEZ MED CTR
P O BOX 1868 00T08
MAYAGUEZ PR
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 400103

CROSS-REFERENCE: 402306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770901 MSA: 4840
NUMBER OF DIALYSIS STATIONS: 003

BIOMEDICAL APPLICATIONS OF MAYAGUEZ
CARR #2 KM 168.7 00T08
MAYAGUEZ PR
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402603

BACKUP HOSPITAL: 400103
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 770201 MSA: 4840
NUMBER OF DIALYSIS STATIONS: 015

STATE = PUERTO RICO

RENAL PROVIDER LIST AS OF 12/31/84

SAN JUAN MUN HOSP
BOX S-3342
OLD SAN JUAN PR
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 4DD015

DD9D4

CROSS-REFERENCE: 4D23DD
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 77D901
NUMBER OF DIALYSIS STATIONS: D04

HSA: 01
MSA: 744D

SANTO ASILO DE DAMAS HOSP
PONCE BY PASS
PONCE PR
INTERMEDIARY NO: 99990
RENAL NETWORN = 29
PROVIDER NO: 4DD022

DD731

CROSS-REFERENCE: 4D23D2
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 0D4

HSA: 01
MSA: 6360

PONCE DIST HOSP
80 MACHUELO
PONCE PR
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 4DD044

DD731

CROSS-REFERENCE: 4D23D4
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-DOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 77D901
NUMBER OF DIALYSIS STATIONS: D04

HSA: 01
MSA: 636D

BIO-MEDICAL APPL OF PONCE INC
ESTRELL #6D PO BOX 199D
PONCE PR
INTERMEDIARY NO: 574DD
RENAL NETWORK = 29
PROVIDER NO: 4D26D2

DD731

BACKUP HOSPITAL: 4D0DD2
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 021

HSA: D1
MSA: 6360

VA HOSP
BARRIO MONACILLOS
RIO PIEDRAS PR
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 4DD03F

DD935

CROSS-REFERENCE: 4D23D3
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - DOVERNMENT FEDERAL

HCFA REGION: 02
DATE APPROVED: 77D901
NUMBER OF DIALYSIS STATIONS: D15

TRANSPLANT-CONDITIONAL

HSA: D1
MSA: 7440

UNIVERSITY DIST HOSP
BARRIO MONACILLOS
RIO PIEDRAS PR
INTERMEDIARY NO: 99990
RENAL NETWORK = 29
PROVIDER NO: 4DDD61

DD935

CROSS-REFERENCE: 4D23D5
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-DOVERNMENT NON-FEDERAL

HCFA REGION: 02
DATE APPROVED: 77D901
NUMBER OF DIALYSIS STATIONS: D13

HSA: 01
MSA: 744D

HOSPITAL DELA CONCEPCION
41 LUNA STREET
SAN GERMAN PR
INTERMEDIARY NO: 574DD
RENAL NETWORK = 29
PROVIDER NO: 4DDD21

DD753

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 8309D2
NUMBER OF DIALYSIS STATIONS: DD3

HSA:
MSA: 4840

STATE = PUERTO RICO

RENAL PROVIDER LIST AS OF 12/31/84

OMA OF SAN GERMAN
41 LUNA STREET
SAN GERMAN PR 00753
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 402506

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 02
DATE APPROVED: 830902
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 4840

ARTIFICIAL KIDNEY CNTR OF RHODE ISLAND
324 WATERMAN AVE
EAST PROVIDENCE RI 02914
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412600

BACKUP HOSPITAL: 220110
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770830 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 050

RHODE ISLAND HOSPITAL
593 EDDY ST
PROVIDENCE RI 02902
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 410007

CROSS-REFERENCE: 412300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 009

MIRIAM HOSPITAL
164 SUMMIT AVE
PROVIDENCE RI 02906
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 410012

CROSS-REFERENCE: 412301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 004

RHODE ISLAND RENAL INSTITUTE INC
2736 POST RD
WARWICK RI 02886
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412501

BACKUP HOSPITAL: 410007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770909 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 017

RHODE ISLAND RENAL INSTITUTE
ONE WEST DRIVE
WESTERLY RI 02891
INTERMEDIARY NO: 00370
RENAL NETWORK = 28
PROVIDER NO: 412502

BACKUP HOSPITAL: 410007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA:
DATE APPROVED: 801119 MSA: 6403
NUMBER OF DIALYSIS STATIONS: 005

SPOONER DIALYSIS CENTER
601 SILVER SLUFF RD, SUITE C
AIKEN SC 29801
INTERMEDIANY NO: 00350
RENAL NETWONK = 20
PNOVIDEN NO: 422512

BACKUP HOSPITAL: 420004
APPNOVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TNAININD SENVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 800707
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 0600

ANDERSON DIALYSIS CLINIC INC
416 E CALHOUN ST
ANDERSON SC 29621
INTERMEDIARY NO: 00350
RENAL NETWORK = 20
PROVIDEN NO: 422506

BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 016

HSA: 01
MSA: 0405

LOW COUNTRY DIALYSIS FACILITY
215 S RIBAUT RD
BEAUFORT SC 29902
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422514

BACKUP HOSPITAL: 420057
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810128
NUMBER OF DIALYSIS STATIONS: 015

HSA: 04
MSA: 0000

BENNETTSVILLE DIALYSIS CTR
301 EAST MAIN ST
BENNETTSVILLE SC 29512
INTERMEDIARY NO: 00350
RENAL NETWORK = 20
PROVIDER NO: 422520

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININD SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 830916
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 0000

BMA OF CAMDEN INC
1111 BROAD ST
CAMDEN SC 29020
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422509

BACKUP HOSPITAL: 420018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 800501
NUMBER OF DIALYSIS STATIONS: 007

HSA:
MSA: 0000

MUSC HEMO & TRANSPLANT PROGRAM
171 ASHLEY AVE
CHARLESTON SC 29425
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420004

CROSS-REFERENCE: 422300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININD SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 012
TRANSPLANT-UNCONDITIONAL

HSA: 04
MSA: 1440

DIALYSIS CLINIC INC
292 MEETING ST
CHARLESTON SC 29401
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422502

BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 04
MSA: 1440

STATE = SOUTH CAROLINA

RENAL PROVIDER LIST AS OF 12/31/84

DCI-WEST OF THE ASHLEY
46A MARKFIELD RD
CHARLESTON SC 29407
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422513

BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 801122 MSA: 1440
NUMBER OF DIALYSIS STATIONS: 023

TRIDENT KIDNEY CENTER
9306 MEDICAL PLAZA DR
CHARLESTON HEIGHTSSC 29405
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422516

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 821116 MSA: 1440
NUMBER OF DIALYSIS STATIONS: 010

BMA OF CHESTER
PEOPLES PLAZA,CESTRIAN SQUARE
CHESTER SC 29706
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422518

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830629 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

RICHLAND MEMORIAL HOSP-
3301 HARDEN ST EXT
COLUMBIA SC 29202
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420018

CROSS-REFERENCE: 422302
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 04 HSA: 02
DATE APPROVED: 760901 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 000

BMA OF COLUMBIA
3321 MEDICAL PARK ROAD
COLUMBIA SC 29203
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422504

BACKUP HOSPITAL: 420018
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 04
DATE APPROVED: 760901 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 028

FLORENCE DIALYSIS CLINIC
237 SOUTH WARLEY STREET
FLORENCE SC 29501
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422505

BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA: 03
DATE APPROVED: 760901 MSA: 2666
NUMBER OF DIALYSIS STATIONS: 028

BMA OF GEORGETOWN
722 N. FRASER
GEORGETOWN SC 29440
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422519

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 830628 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

ST FRANCIS COMMUNITY HOSP-
I ST FRANCIS DR
GREENVILLE SC 29601
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 420023
CROSS-REFERENCE: 422303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 760901 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 020

BIO MED APPLICATIONS OF GREENVILLE INC
1009 GROVE RD SUITE C I
GREENVILLE SC 29605
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422503
BACKUP HOSPITAL: 420023
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA: 01
DATE APPROVED: 750901 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 019

GREENWOOD DIALYSIS FACILITY
1020 SPRING STREET
GREENWOOD SC 29646
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422618
BACKUP HOSPITAL: 420071
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 810520 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 008

MYRTLE BEACH DIALYSIS CENTER
7800 KINGS HIGHWAY
MYRTLE BEACH SC 29577
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422607
BACKUP HOSPITAL: 420004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 790813 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

COMMUNITY DIALYSIS SERVICE
920 HOLLY ST
ORANGEBURG SC 29115
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422608
BACKUP HOSPITAL: 420068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 791203 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

DIALYSIS CLINICS INC.
203 FREEMONT AVE
SPARTANBURG SC 29303
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422611
BACKUP HOSPITAL: 420007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800721 MSA: 3160
NUMBER OF DIALYSIS STATIONS: 027

SUMTER DIALYSIS CENTER
214 HAMPTON ST
SUMTER SC 29150
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422510
BACKUP HOSPITAL: 420070
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 04 HSA:
DATE APPROVED: 800501 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 019

DMA OF LEXINGTON INC
110 B LEXINGTON MEDICAL MALL
WEST COLUMBIA SC 29169
INTERMEDIARY NO: 00380
RENAL NETWORK = 20
PROVIDER NO: 422517

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 030107 MSA: 1760
NUMBER OF DIALYSIS STATIONS: 009

ST LUKES HOSP (ESRD)
305 S STATE ST
ABERDEEN SD 57401
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430014

CROSS-REFERENCE: 432302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 77D714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

HURON REGIONAL MEDICAL CENTER
4TH & IOWA SE STS
HURON SD 57350
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430011

CROSS-REFERENCE: 432301
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 77D818 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

ST MARYS HOSP
605 EAST DAKOTA AVE
PIERRE SD 57601
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430018

CROSS-REFERENCE: 430018
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA:
DATE APPROVED: 801D10 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 004

RAPID CITY REGIONAL HOSP
555 FAIRMONT BLVD
RAPID CITY SD 57709
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430077

CROSS-REFERENCE: 432304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 770719 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

SIOUX VALLEY HOSPITAL (ESRD)
1100 SOUTH EUCLID AVE
SIOUX FALLS SD 57105
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430027

CROSS-REFERENCE: 432303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 77D8D8 MSA: 7760
NUMBER OF DIALYSIS STATIONS: 010

MEMORIAL MEDICAL CENTER
402 FOURTH STREET N E
WATERTOWN SD 57201
INTERMEDIARY NO: 00141
RENAL NETWORK = 07
PROVIDER NO: 430001

CROSS-REFERENCE: 432300
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08 HSA: 01
DATE APPROVED: 77D714 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

STATE = TENNESSEE

RENAL PROVIDER LIST AS OF 12/31/84

BRISTOL DIALYSIS CENTER
208 MEMORIAL DRIVE DOCTORS BLDG
BRISTOL TN 37620
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442519

BACKUP HOSPITAL: 440063
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810914
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 3650

ERLANGER MEDICAL CENTER
975 E. THIRD ST.
CHATTANOOGA TN 37403
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 440104

CROSS-REFERENCE: 442304
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 000

HSA: 03
MSA: 1560

DIALYSIS CLINIC
829 MCCALLIE AVE.
CHATTANOOGA TN 37403
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442505

BACKUP HOSPITAL: 440023
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 022

HSA: 03
MSA: 1560

CUMBERLAND DIALYSIS CENTER INC
1608 HAYNES ST
CLARKSVILLE TN 37040
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442518

BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810803
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 1660

CLEVELAND DIALYSIS FACILITY INC
2850 NORTH OCOEE STREET
CLEVELAND TN 37311
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442521

BACKUP HOSPITAL: 440104
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 811202
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 0000

MIDDLE TENN ARTIFICIAL KIDNEY
1705 GROVE STREET
COLUMBIA TN 38401
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442520

BACKUP HOSPITAL: 440073
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 810914
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 0000

DIALYSIS AFFILIATES OF COOKEVILLE
140 W. 7TH STREET #2
COOKEVILLE TN 38501
INTERMEDIARY NO: 00390
RENAL NETWORK = 10
PROVIDER NO: 442511

BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 791113
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 0000

STATE = TENNESSEE

RENAL PROVIOER LIST AS OF 12/31/04

RHEA CO MEDICAL CENTER
HIGHWAY 27 NORTH
OAYTON TN 37321
INTERMEOIARY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 440023

CNOSS-NEFENENCE: 442300
APPNOVEO AS: OIALYSIS CENTER
STAFF-ASSISTED SENVICES: HEMODIALYSIS
SELF-CARE SENVICES:
TNAINING SENVICES:
MINIMUM UTILIZATION NATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNENSHIP: COUNTY-OOVENNMENT NON-FEDENAL

HCFA REOION: 04
DATE APPNOVED: 760901
NUMBER OF OIALYSIS STATIONS: 004

HSA: 04
MSA: 0000

OIALYSIS AFFILIATES OF WINCHESTER INC
HIGHWAY 41A & NICHOLSON ST
DECHERO TN 37324
INTERMEDIARY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 442510

BACKUP HOSPITAL: 440039
APPNOVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SENVICES:
TNAINING SENVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNENSHIP: OTHER-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 790921
NUMBER OF OIALYSIS STATIONS: 008

HSA:
MSA: 0000

OIALYSIS CLINIC INC
5104 N MACK SMITH RO
E RIOOE TN 37412
INTERMEOIARY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 442514

BACKUP HOSPITAL: 440104
APPNOVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04
DATE APPROVED: 801001
NUMBER OF OIALYSIS STATIONS: 020

HSA: 09
MSA: 1660

CENTER FOR KIONEY OISEASE-FRANKLIN
1338 CARTERS CREEK PIKE
FRANKLIN TN 37064
INTERMEOIAHY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 442526

APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04
OATE APPROVED: 840718
NUMBER OF OIALYSIS STATIONS: 008

HSA:
MSA:

OREENVILLE OIALYSIS CENTER
1134 TASCULUM BLVO
OREENVILLE TN 37743
INTERMEOIARY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 442522

OACKUP HOSPITAL: 440063
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: OIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REOION: 04
DATE APPROVED: 820712
NUMBER OF DIALYSIS STATIONS: 004

HSA:
MSA: 0000

OIALYSIS CLINIC INC
31 SANOSTONE CIRCLE
JACKSON TN 38301
INTERMEOIARY NO: 00390
RENAL NETWORK = 16
PROVIDER NO: 442504

BACKUP HOSPITAL: 440166
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 028

HSA: 05
MSA: 0000

EAST TN DIALYSIS CENTER
107 WOODLAWN DRIVE
JOHNSON CITY TN 37603
INTERMEOIARY NO: 00390
RENAL NETWORK = 16
PROVIOER NO: 442501

BACKUP HOSPITAL: 440039
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REOION: 04
DATE APPROVED: 750901
NUMBER OF DIALYSIS STATIONS: 015

HSA: 01
MSA: 3660

STATE = TENNESSEE

RENAL PROVIDER LIST AS OF 12/31/84

KINGSPORT DIALYSIS CENTER
2612 JOHN B DENNIS BYPASS
KINGSPORT TN 37660
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442512

BACKUP HOSPITAL: 440176
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 800201
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 3660

DIALYSIS CLINIC INC
3731 MARTIN MILL PIKE
KNOXVILLE TN 37920
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442503

BACKUP HOSPITAL: 440166
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 02
MSA: 3040

FORT SANDERS NIDNEY CENTER INC.
2001 LAUREL AVE SUITE 203
KNOXVILLE TN 37916
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442508

BACKUP HOSPITAL: 440125
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 780925
NUMBER OF DIALYSIS STATIONS: 019

HSA: 02
MSA: 3040

KNOXVILLE DIALYSIS CENTER
10001 KINGSTON PIKE
KNOXVILLE TN 37992
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442525

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 840220
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 3840

DIALYSIS CLINIC INC
605 WEST DUE WEST AVE
MADISON TN 37115
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442507

BACKUP HOSPITAL: 440040
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 022

HSA: 04
MSA: 5360

BAPTIST MEM HOSP
1025 CRUMP BOULEVARD
MEMPHIS TN 38104
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440048

CROSS-REFERENCE: 442302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04
DATE APPROVED: 760901
NUMBER OF DIALYSIS STATIONS: 039

HSA: 06
MSA: 4920

UNIVERSITY OF TN MEDICAL CTR
951 COURT
MEMPHIS TN 38163
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 440166

CROSS-REFERENCE: 442306
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 04
DATE APPROVED: 800810
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

HSA: 06
MSA: 4920

LE BONHEUR CHILDRENS HOSP
N40 AOAMS AVE
MEMPHIS TN 38103
INTERMEDIARY NO: 00380
RENAL NETWORK - 1N
PROVIDER NO: 440179

CROSS-REFERENCE: 442307
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA: D1
DATE APPROVED: 84D618 MSA: 4920
NUMBER OF DIALYSIS STATIONS: DD4
TRANSPLANT-EXCEPTION

UNIVERSITY PHYSICIANS DIALYSIS CTR
65 N PAULINE SUITE 0100
MEMPHIS TN 38105
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 442523

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 831101 MSA: 4920
NUMBER OF DIALYSIS STATIONS: 033

METHODIST HOSP
1265 UNION AVE
MEMPHIS TN 38104
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 440049

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 04 HSA:
DATE APPROVED: 8DD8D1 MSA: 4920
NUMBER OF DIALYSIS STATIONS: DID

MORRISTOWN DIALYSIS CENTER
826 W FOURTH NORTH ST
MORRISTOWN TN 37814
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 442517

BACKUP HOSPITAL: 440030
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: D4 HSA:
DATE APPROVED: 810808 MSA: 0D00
NUMBER OF DIALYSIS STATIONS: DD8

VANDERBILT UNIV HOSP-
1161 21ST AVE SOUTH
NASHVILLE TN 37232
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 440039

CROSS-REFERENCE: 4423D1
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: D4 HSA: D4
DATE APPROVED: 840930 MSA: 5360
NUMBER OF DIALYSIS STATIONS: DDD
TRANSPLANT-UNCONDITIONAL

DIALYSIS CLINIC INC
1500 HAYES STREET
NASHVILLE TN 37203
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 442602

BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: D4 HSA: 04
DATE APPROVED: 7509DI MSA: 5360
NUMBER OF DIALYSIS STATIONS: 038

MIDDLE TN ARTIFICIAL KIDNEY CTR
1005-19TH AVE. NORTH
NASHVILLE TN 37208
INTERMEDIARY NO: 00390
RENAL NETWORK - 1N
PROVIDER NO: 442609

BACKUP HOSPITAL: 440039
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: D4 HSA:
DATE APPROVED: 79DT01 MSA: 5360
NUMBER OF DIALYSIS STATIONS: 01D

STATE = TENNESSEE

RENAL PROVIDER LIST AS OF 12/31/84

OIALYSIS AFFILIATES OF OAK RIDOE
900 OAK RIDOE TNPK,PHYSICIANS PL
OAK RIDGE TN 37830
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIDER NO: 442513

BACKUP HOSPITAL: 440034
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04
OATE APPROVEO: 800716
NUMBER OF OIALYSIS STATIONS: 013

HSA:
MSA: 3840

PORTLAND OIALYSIS CLINIC
HIOHLAND MED CTR-ROUTE 4
PORTLAND TN 37148
INTERMEDIARY NO: 00390
RENAL NETWORK = 18
PROVIOER NO: 442516

BACKUP HOSPITAL: 440095
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REOION: 04
OATE APPROVED: 810602
NUMBER OF OIALYSIS STATIONS: 004

HSA:
MSA: 5360

STATE = TEXAS

RENAL PROVIDEN LIST AS OF 12/31/84

ASILENE AREA DIALYSIS CENTEN
1002 PINE STREET
ABILENE TX 79601
INTERMEDIANY ND: 00400
RENAL NETWONK = 11
PRDVIDEN NO: 452511

BACKUP HOSPITAL: 450018
APPNDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SENVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TNAININO SENVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIONAL
TYPE DF OWNENSHIP: OTHER-FOR PROFIT

HCFA NEOION: 06 HSA: 04
DATE APPROVED: 770831 MSA: 0040
NUMBER OF DIALYSIS STATIONS: 020

SOUTH TEXAS KIDNEY CENTEN
559 D. HIOHWAY 281 N
ALICE TX 78332
INTERMEDIARY ND: 00400
RENAL NETWORK = 11
PROVIDER ND: 452537

BACKUP HOSPITAL: 450153
APPNDVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SENVICES:
TNAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNENSHIP: OTHER-FOR PROFIT

HCFA REOION: 06 HSA:
DATE APPROVED: 801029 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

ST ANTHONYS HDSP
735 N POLK ST
AMARILLO TX 79175
INTERMEDIARY ND: 00400
RENAL NETWORK = 11
PROVIDER ND: 450231

CNOSS-REFERENCE: 452340
APPRDVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 06 HSA: 01
DATE APPROVED: 780901 MSA: 0320
NUMBER OF DIALYSIS STATIONS: 004

AMARILLD HIOH PLAINS DIALYSIS CENTER
5920 AMAHILLD DLVD WEST
AMARILLD TX 79105
INTERMEDIARY NO: 00400
RENAL NETWDRK = 11
PROVIDER ND: 452513

BACKUP HOSPITAL: 450231
APPROVED AS: DIALYSIS FACILITY NDN-HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SENVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: OTHER-FOR PRDFIT

HCFA REOION: 06 HSA: 01
DATE APPROVED: 770831 MSA: 0320
NUMBER OF DIALYSIS STATIONS: 022

ANOLETON DANDURY DIALYSIS CLINIC
135 HDSPITAL DR
ANOLETON TX 77515
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER ND: 452549

BACKUP HOSPITAL: 450058
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWKERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 821001 MSA: 1145
NUMBER OF DIALYSIS STATIONS: 011

BRACKENRIDOE HOSP
15TH & EAST AVE
AUSTIN TX 78701
INTERMEDIARY NO: 00400
RENAL NETWDRK = 11
PROVIDER NO: 450124

CROSS-REFERENCE: 452319
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-OOVERNMENT NON-FEDERAL

HCFA REOION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 0640
NUMBER OF DIALYSIS STATIONS: 000

TRANSPLANT-UNCONDITIONAL

AUSTIN DIAONOSTIC CLINIC
801 W 34TH ST
AUSTIN TX 78705
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER ND: 452503

BACKUP HOSPITAL: 450124
APPRDVED AS: DIALYSIS FACILITY NDN-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REOION: 06 HSA: 05
DATE APPRDVED: 770831 MSA: 0640
NUMBER OF DIALYSIS STATIONS: 033

STATE = TEXAS — RENAL PROVIDER LIST AS OF 12/31/84

MATAGORDA GENERAL HOSP
1115 AVE O
BAY CITY TX 77414
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450455

CROSS-REFERENCE: 452929
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

DOLOEN TRIANGLE DIALYSIS CTR
3282 COLLEGE
BEAUMONT TX 77701
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452524

BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 10
DATE APPROVED: 770901 MSA: 0840
NUMBER OF DIALYSIS STATIONS: 022

VALLEY HEMODIALYSIS CENTER INC
855 W. PRICE RD #3
BROWNSVILLE TX 78520
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452517

BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1240
NUMBER OF DIALYSIS STATIONS: 010

HEALTH SYSTEMS INTERNATIONAL OF BRYAN
1705 EAST 29TH ST
BRYAN TX 77801
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452550

BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 820927 MSA: 1260
NUMBER OF DIALYSIS STATIONS: 014

CARTHAGE DIALYSIS CENTER
301 E SABINEE
CARTHAGE TX 75633
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452555

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 830808 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

SPOHN HOSP-RENAL CARE UNIT
600 ELIZABETH ST
CORPUS CHRISTI TX 78404
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450153

CROSS-REFERENCE: 452315
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1880
NUMBER OF DIALYSIS STATIONS: 018

COASTAL BEND RENAL DIALYSIS FAC
2733 SWANTNER DRIVE
CORPUS CHRISTI TX 78404
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452514

BACKUP HOSPITAL: 450153
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 1880
NUMBER OF DIALYSIS STATIONS: 020

MEDICAL ARTS CLINIC ASSN.
P.O. BOX 841
CORSICANA TX 75110
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 452553
BACKUP HOSPITAL: 450051
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 830404
NUMBER OF DIALYSIS STATIONS: 008
HSA:
MSA: 0000

PARKLAND MEMORIAL HOSPITAL
5201 HARRY HINES BLVD.
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 450015
CROSS-REFERENCE: 452301
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL
HCFA REGION: 06
DATE APPROVED: 840930
NUMBER OF DIALYSIS STATIONS: 007
HSA: 06
MSA: 1920
TRANSPLANT-UNCONDITIONAL

ST PAULS HOSP
5909 HARRY HINES BLVD
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 450044
CROSS-REFERENCE: 452307
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000
HSA: 06
MSA: 1920

METHODIST CENTRAL HOSP (ESRD)
301 W COLORADO BLVD
DALLAS TX 75208
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 450051
CROSS-REFERENCE: 452308
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 840930
NUMBER OF DIALYSIS STATIONS: 002
HSA: 06
MSA: 1920
TRANSPLANT-CONDITIONAL

PRESBYTERIAN HOSP
8200 WALNUT HILL LANE
DALLAS TX 75231
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 450452
CROSS-REFERENCE: 452327
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 003
HSA: 06
MSA: 1920

CHILDRENS MEDICAL CENTER
1935 AMELIA ST
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 450550
CROSS-REFERENCE: 452332
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 790914
NUMBER OF DIALYSIS STATIONS: 002
HSA: 06
MSA: 1920

SOUTHWESTERN DIALYSIS FACILITY
5010 FOREST PARK RD
DALLAS TX 75235
INTERMEDIARY NO: 00400
RENAL NETWORK - 11
PROVIDER NO: 452501
BACKUP HOSPITAL: 450452
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 036
HSA: 06
MSA: 1920

DALLAS KIDNEY OISEASE CLINIC
3604 LIVE OAN
DALLAS TX 75204
INTERMEDIARY NO: 00400
RENAL NETWORN = 11
PROVIDER NO: 452505
BACNUP HOSPITAL: 450452
APPROVED AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SERVICES: HEMOOIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REOION: 06 HSA: 06
OATE APPROVEO: 770831 MSA: 1920
NUMBER OF OIALYSIS STATIONS: 053

OAK CLIFF DIALYSIS CENTER
616-618 SOUTH HAMPTON
DALLAS TX 75208
INTERMEDIARY NO: 00400
RENAL NETWORN = I1
PROVIDER NO: 452516
BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REOION: 06 HSA: 06
OATE APPROVEO: 770831 MSA: 1920
NUMBER OF OIALYSIS STATIONS: 015

DALLAS NORTH DIALYSIS CENTER
7777 FOREST LANE-SUITE 2241
DALLAS TX 75230
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIOER NO: 452521
BACKUP HOSPITAL: 450452
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REOION: 06 HSA: 06
OATE APPROVEO: 780213 MSA: 1920
NUMBER OF OIALYSIS STATIONS: 022

VAL VERDE RENAL CARE CTR
801 BEDWELL AVE
DEL RIO TX 78840
INTERMEDIARY NO: 00400
RENAL NETWORN = I1
PROVIDER NO: 452557
APPROVEO AS: OIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT
HCFA REOION: 06 HSA:
OATE APPROVEO: 840401 MSA: 0000
NUMBER OF OIALYSIS STATIONS: 006

WATSON W WISE MEDICAL CTR
1201 W WASHINGTON #200
DENISON TX 75020
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIOER NO: 450324
CROSS-REFERENCE: 452343
APPROVED AS: OIALYSIS CENTER
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-OOVERNMENT NON-FEOERAL
HCFA REOION: 06 HSA: 05
OATE APPROVEO: 780112 MSA: 7640
NUMBER OF OIALYSIS STATIONS: 010

DENTON DIALYSIS CLINIC INC
4309 MESA DRIVE
DENTON TX 75201
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452528
BACKUP HOSPITAL: 450135
APPROVEO AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTEO SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAININO SERVICES: , CA
MINIMUM UTILIZATION RATES: OIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REOION: 06 HSA: 05
OATE APPROVEO: 780701 MSA: 1920
NUMBER OF OIALYSIS STATIONS: 013

EAGLE PASS KIDNEY DISEASE CLINIC
P.O. BOX 2546
EAGLE PASS TX 78852
INTERMEDIARY NO: 00390
RENAL NETWORK = 1I
PROVIDER NO: 452541
BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMOOIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONOITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REOION: 06 HSA: 04
OATE APPROVEO: 810301 MSA: 0000
NUMBER OF OIALYSIS STATIONS: 012

STATE = TEXAS

RENAL PROVIDER LIST AS OF 12/31/84

HOTEL DIEU HOSPITAL MEDICAL CENTER
1014 N STANTON ST
EL PASO TX 79902
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450013

CROSS-REFERENCE: 452300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 040

HSA: 03
MSA: 2320

DIALYSIS ASSOCIATES
1400 ST LOUIS
FORT WORTH TX 76104
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452502

BACKUP HOSPITAL: 450166
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 040

HSA: 06
MSA: 2800

HARRIS HOSP-METHODIST
1300 W CANNON
FT WORTH TX 76104
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450136

CROSS-REFERENCE: 452337
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000

HSA: 06
MSA: 2800

UNIVERSITY OF TEXAS-MEDICAL BRANCH
4200 OLD JOHN SEALY E-62
GALVESTON TX 77550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450010

CROSS-REFERENCE: 452303
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 019

TRANSPLANT-UNCONDITIONAL

HSA: 11
MSA: 2920

ISLAND DIALYSIS CTR
707 TREMONT
GALVESTON TX 77550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452502

BACKUP HOSPITAL: 450010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770926
NUMBER OF DIALYSIS STATIONS: 017

HSA: 11
MSA: 2920

THE AUSTIN DIAGNOSTIC CLINIC
HIGHWAY 141 & CACTUS ST
GIDDINGS TX 78942
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452529

BACKUP HOSPITAL: 450124
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 790219
NUMBER OF DIALYSIS STATIONS: 008

HSA: 06
MSA: 0000

MID CITIES DIALYSIS CENTER
HIGHWAY 360 AT AVE K
GRAND PRAIRIE TX 75050
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452634

BACKUP HOSPITAL: 450462
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 790521
NUMBER OF DIALYSIS STATIONS: 012

HSA:
MSA: 1920

GREENVILLE DIALYSIS CENTER
2805 MITHCELL ST
GREENVILLE TX 75401
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452635

BACKUP HOSPITAL: 450015
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 800204 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

N. W. WISE MEMORIAL DIALYSIS CENTER
2200 HAINE DR
HARLINGEN TX 78550
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452631

BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790620 MSA: 1240
NUMBER OF DIALYSIS STATIONS: 018

HERMANN HOSP
1203 ROSS STERLING AVE
HOUSTON TX 77026
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450069

CROSS-REFERENCE: 452309
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770401 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 014
TRANSPLANT-UNCONDITIONAL

BEN TAUB GENERAL HOSPITAL
726 GILLETTE-BOX 56769
HOUSTON TX 77005
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450289

CROSS-REFERENCE: 452322
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 007

METHODIST HOSPITAL-ESRD
6616 BERTNER BLVD
HOUSTON TX 77025
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450369

CROSS-REFERENCE: 452324
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770901 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 040
TRANSPLANT-UNCONDITIONAL

TEXAS CHILDRENS HOSP (ESRD)
BOX 2029
HOUSTON TX 77025
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450675

CROSS-REFERENCE: 452333
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 004

GULF COAST DIALYSIS CENTER
4407 YOAKUM BLVD
HOUSTON TX 77006
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452500

BACKUP HOSPITAL: 450369
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 049

DIAONOSTIC CLINIC OF HOUSTON
6448 FANNIN
HOUSTON TX 77030
INTERMEDIANY NO: 00400
NENAL NETWONK = 11
PROVIDER NO: 452609

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SENVICES: HEMODIALYSIS
SELF-CANE SERVICES: HEMODIALYSIS
TRAINING SENVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770831 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 009

WEST HOUSTON DIALYSIS FACILITY
9623 LONG POINT ROAD
HOUSTON TX 77055
INTERMEDIANY NO: 00400
NENAL NETWORK = 11
PROVIDER NO: 452619

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION NATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770901 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 017

ZIMMERMAN MEDICAL CLINIC DIALYSIS CTR
7800 FANNIN SUITE 250
HOUSTON TX 77054
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452623

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 770613 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 019

JACINTO TOWERS ARTIFICIAL KIDNEY CTR.
1010D E. FREEWAY I.H. 10 EAST
HOUSTON TX 77029
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452630

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CANE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA: 11
DATE APPROVED: 790427 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 018

SOUTHEAST KIDNEY CENTER
9197 WINKLER DR. BLDG D
HOUSTON TX 77017
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDEN NO: 452633

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790604 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 016

ST JOSEPH DIALYSIS CTR
2424 HAMILTON SUITE 200
HOUSTON TX 77004
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452654

BACKUP HOSPITAL: 450068
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
OATE APPROVED: 830411 MSA: 3360
NUMBER OF DIALYSIS STATIONS: 017

KERRVILLE KIDNEY DISEASE DIALYSIS CT
314 W WATER ST
KERRVILLE TX 78028
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452646

BACKUP HOSPITAL: 460214
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 811201 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

STATE = TEXAS

RENAL PROVIDER LIST AS OF 12/31/84

LAREDO KIDNEY CENTER 1020 EAST CALTON(REAR) LAREDO TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 452518	78041	BACKUP HOSPITAL: 450213 APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: , CA MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 770831 NUMBER OF DIALYSIS STATIONS: 012	HSA: 08 MSA: 4080
GOOD SHEPHERD MEDICAL CENTER 621 N 5TH ST LONGVIEW TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 450037	75601	CROSS-REFERENCE: 452305 APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 770831 NUMBER OF DIALYSIS STATIONS: 012	HSA: 07 MSA: 4420
METHODIST HOSP 3615 19TH ST BOX 1201 LUBBOCK TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 450457	79408	CROSS-REFERENCE: 452325 APPROVED AS: INPATIENT CARE ONLY STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 770831 NUMBER OF DIALYSIS STATIONS: 000	HSA: 02 MSA: 4600
LUBBOCK GENERAL HOSPITAL 602 INDIANA AVE BOX 5980 LUBBOCK TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 450585	79417	CROSS-REFERENCE: 452341 APPROVED AS: TRANSPLANT CENTER STAFF-ASSISTED SERVICES: SELF-CARE SERVICES: TRAINING SERVICES: MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 780901 NUMBER OF DIALYSIS STATIONS: 000 TRANSPLANT-CONDITIONAL	HSA: 02 MSA: 4600
SOUTH PLAINS DIALYSIS CENTER 4110 22ND PLAZA LUBBOCK TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 452506	79410	BACKUP HOSPITAL: 450457 APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: HEMODIALYSIS TRAINING SERVICES: HEMODIALYSIS, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 770031 NUMBER OF DIALYSIS STATIONS: 032	HSA: 02 MSA: 4600
HENDERSON KIDNEY DESEASE CTR FRANK & FRANKLIN STS LUFKIN TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 450211	75901	CROSS-REFERENCE: 452345 APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: , CA MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT	HCFA REGION: 06 DATE APPROVED: 811110 NUMBER OF DIALYSIS STATIONS: 012	HSA: MSA: 0000
MADISON CO MEDICAL CENTER 100 W CROSS ST BOX 698 MADISONVILLE TX INTERMEDIARY NO: 00400 RENAL NETWORK = 11 PROVIDER NO: 450467	77864	CROSS-REFERENCE: 452330 APPROVED AS: DIALYSIS FACILITY HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: , CA MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL	HCFA REGION: 06 DATE APPROVED: 770831 NUMBER OF DIALYSIS STATIONS: 012	HSA: 06 MSA: 0000

VALLEY HEMODIALYSIS CENTER INC.
1117 E DALLAS
MCALLEN TX 78601
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452606

BACKUP HOSPITAL: 460237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 08
DATE APPROVED: 770831 MSA: 4880
NUMBER OF DIALYSIS STATIONS: 022

MEMORIAL HOSPITAL
1204 MOUND ST
NACOGDOCHES TX 75961
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 460600

CROSS-REFERENCE: 462331
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 10
DATE APPROVED: 770831 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 010

MEDICAL CENTER HOSP (ESRD)
416 NORTH ALLEGHANEY
ODESSA TX 79761
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450132

CROSS-REFERENCE: 462314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 06 HSA: 12
DATE APPROVED: 770831 MSA: 6800
NUMBER OF DIALYSIS STATIONS: 003

PERMIAN BASIN DIAYLSIS CENTER
606 N ALLEGHENY
ODESSA TX 79761
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452612

BACKUP HOSPITAL: 450132
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06 HSA: 12
DATE APPROVED: 770831 MSA: 6800
NUMBER OF DIALYSIS STATIONS: 010

ST JOSEPHS HOSP INC
820 CLARKSVILLE ST P O BOX 70
PARIS TX 75460
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 460196

CROSS-REFERENCE: 462339
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 07
DATE APPROVED: 771209 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 017

PITTSBURG MEDICAL CENTER ESRD
414 QUITMAN
PITTSBURG TX 76686
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 460098

CROSS-REFEREKCE: 452342
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06 HSA:
DATE APPROVED: 790108 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

ST MARY HOSPITAL OF PT ARTHUR
3600 GATES BLVD.
PORT ARTHUR TX 77640
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450096

CROSS-REFERENCE: 452312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06 HSA: 10
DATE APPROVED: 770831 MSA: 0840
NUMBER OF DIALYSIS STATIONS: 008

ROSENBERG DIALYSIS FACILITY
9303 WEST RD
ROSENBERG TX 77471
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452542

BACKUP HOSPITAL: 450368
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 810608
NUMBER OF DIALYSIS STATIONS: 013

HSA:
MSA: 9360

ST JOHNS RENAL CARE CENTER
2018 PULLIAM ST BOX 1191
SAN ANGELO TX 76901
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450376

CROSS-REFERENCE: 452325
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 012

HSA: 04
MSA: 7200

MEDICAL CENTER HOSP-RENAL LAB
4502 MEDICAL DR
SAN ANTONIO TX 78229
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450213

CROSS-REFERENCE: 452318
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-ODVERNMENT NON-FEDERAL

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 011

TRANSPLANT-UNCONDITIONAL

HSA: 09
MSA: 7240

SANTA ROSA MEDICAL CENTER
619 W. HOUSTON ST.
SAN ANTONIO TX 78207
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450237

CROSS-REFERENCE: 452319
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 037

HSA: 09
MSA: 7240

HUMANA HOSPITAL
8026 FLOYD CURL DR
SAN ANTONIO TX 78229
INTERMEDIARY NO: 52280
RENAL NETWORK = 11
PROVIDER NO: 450631

CROSS-REFERENCE: 452346
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 840702
NUMBER OF DIALYSIS STATIONS: 000

HSA:
MSA: 7240

KIDNEY DISEASE CLINIC
7640 LOUIS PASTEUR
SAN ANTONIO TX 78229
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452507

BACKUP HOSPITAL: 450631
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 030

HSA: 09
MSA: 7240

SAN ANTONIO KIDNEY DISEASE CTR
1222 MCCULLOUGH
SAN ANTONIO TX 78212
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452527

BACKUP HOSPITAL: 450237
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 780206
NUMBER OF DIALYSIS STATIONS: 034

HSA: 09
MSA: 7240

SOUTHSIDE KIDNEY DISEASE CLINIC
1335 SW MILITARY DR
SAN ANTONIO TX 78214
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452544
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 810727 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 020

AUSTIN DIAGNOSTIC CLINIC
132 JACKSON LANE
SAN MARCOS TX 78666
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452522
BACKUP HOSPITAL: 450124
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 0640
NUMBER OF DIALYSIS STATIONS: 008

KIDNEY DISEASE CLINIC OF SEGUIN
114 N CROCKETT ST
SEGUIN TX 78155
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452548
BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 811120 MSA: 7240
NUMBER OF DIALYSIS STATIONS: 006

STEPHENVILLE GENERAL HOSPITAL INC
411 NORTH BELKNAP
STEPHENVILLE TX 76401
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450381
CROSS-REFERENCE: 452323
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 04
DATE APPROVED: 780306 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

SCOTT & WHITE CLINIC
2401 S 31ST ST
TEMPLE TX 76501
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452504
BACKUP HOSPITAL: 450004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 06 HSA: 06
DATE APPROVED: 770831 MSA: 3810
NUMBER OF DIALYSIS STATIONS: 015

TEXARKANA REGIONAL DIALYSIS CTR
4500 TEXAS BLVD
TEXARKANA TX 75503
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452552
BACKUP HOSPITAL: 450200
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 830301 MSA: 8350
NUMBER OF DIALYSIS STATIONS: 022

W. W. WISE REGIONAL DIALYSIS CENTER
815 EAST FIRST
TYLER TX 75701
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452532
BACKUP HOSPITAL: 450003
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT
HCFA REGION: 06 HSA:
DATE APPROVED: 790709 MSA: 8640
NUMBER OF DIALYSIS STATIONS: 027

KIDNEY DISEASE CLINIC OF UVALDE
1001 GARNER FIELD RD
UVALDE TX 78862
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452540

BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 810116
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 0000

DETAR HOSP
505 E SAN ANTONIO ST
VICTORIA TX 77901
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 450147

CROSS-REFERENCE: 452338
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 771019
NUMBER OF DIALYSIS STATIONS: 012

HSA: 08
MSA: 8760

BRAZOS KIDNEY DISEASE CTR
3420 PINE AVE
WACO TX 76708
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452525

BACKUP HOSPITAL: 450213
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 771027
NUMBER OF DIALYSIS STATIONS: 026

HSA: 06
MSA: 8000

NORTH TEXAS DIALYSIS CENTER
1515 TENTH STREET
WICHITA FALLS TX 76301
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452510

BACKUP HOSPITAL: 450010
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 770831
NUMBER OF DIALYSIS STATIONS: 018

HSA: 04
MSA: 9080

CYPRESS CREEK DIALYSIS FACILITY
9449 GROGANS MILL RD
WOODLANDS TX 77380
INTERMEDIARY NO: 00400
RENAL NETWORK = 11
PROVIDER NO: 452539

BACKUP HOSPITAL: 450358
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 06
DATE APPROVED: 801120
NUMBER OF DIALYSIS STATIONS: 016

HSA:
MSA: 1660

BRIDGERLAND DIALYSIS FACILITY
1400 NORTH 600 EAST
LOGAN UT 84321
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462607

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 810202
NUMBER OF DIALYSIS STATIONS: 003

HSA:
MSA: 0000

MIDVALE DIALYSIS
7304 SOUTH 300 WEST SUITE 204
MIDVALE UT 84047
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462609

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 820212
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 7160

BONNEVILLE DIALYSIS CENTER
6676 S 600 EAST
OGDEN UT 84406
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462617

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 840309
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 7160B

CASTLEVIEW DIALYSIS
RFD 2 BOX 46
PRICE UT 84501
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462610

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08
DATE APPROVED: 820217
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 00DD

PROVO DIALYSIS CENTER
1034 NORTH 600 WEST
PROVO UT 84604
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462604

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 770326
NUMBER OF DIALYSIS STATIONS: 007

HSA: 01
MSA: 6620

UINTAH BASIN DIALYSIS CTR
PO BOX 1063
ROOSEVELT UT 84066
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 462606

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 800605
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 000D

UNIVERSITY OF UTAH MED CTR
50 N MEDICAL DR
SALT LAKE CITY UT 84132
INTERMEDIARY NO: 00410
RENAL NETWORK = 06
PROVIDER NO: 460009

CROSS-REFERENCE: 462300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 08
DATE APPROVED: 770826
NUMBER OF DIALYSIS STATIONS: 004
TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 7160

STATE = UTAH

RENAL PROVIDER LIST AS OF 12/31/84

LDS HDSPITAL TRANSPLANT CENTER
326 8TH AVE
SALT LAKE CITY UT
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PRDVIDER NO: 460010

84143

APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATIDN RATES: TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NDT FOR PRDFIT

HCFA REOIDN: 08
OATE APPROVEO: 831104
NUMBER OF OIALYSIS STATIONS: 000

HSA:
MSA: 7160

VA HDSP
60D FDDTHILL DR
SALT LAKE CITY UT
INTERMEDIARY NO: 99990
RENAL NETWORK = 05
PRDVIDER NO: 46002F

84113

CROSS-REFERENCE: 452301
APPRDVEO AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAININO SERVICES: HEMODIALYSIS, PERITDNEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCDNDITIONAL TRANSPLANT-EXCEPTION
TYPE OF DWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REOION: 00
OATE APPRDVED: 770805
NUMBER OF DIALYSIS STATIONS: 012

HSA: 01
MSA: 7160

DIALYSIS TRAINING CENTER
BLDD 535-UNIV OF UTAH
SALT LAKE CITY UT
INTERMEDIARY NO: 00410
RENAL NETWORK = 05
PROVIDER NO: 462503

84112

8ACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS, PERITONEAL, CAPO
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: STATE-GOVERNMENT NDN-FEDERAL

HCFA REOION: 00
OATE APPROVED: 770024
NUMOER OF DIALYSIS STATIONS: 011

HSA: 01
MSA: 7160

DIALYSIS IN WDNDERLAND
BLDG 535 UNIV OF UTAH
SALT LAKE CITY UT
INTERMEDIARY NO: 00410
RENAL NETWDRK = 05
PRDVIDER NO: 462512

84112

BACKUP HOSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE DF DWNERSHIP: DTHER-NDT FOR PRDFIT

HCFA REOIDN: 00
OATE APPROVED: 820710
NUMBER DF DIALYSIS STATIDNS: 006

HSA:
MSA: 7160

CENTRAL VALLEY KIDNEY CENTER
1459 EAST 3900 SOUTH
SALT LAKE CITY UT
INTERMEDIARY NO: 00410
RENAL NETWDRK = 05
PRDVIDER ND: 463501

84117

BACKUP HOSPITAL: 460010
APPRDVED AS: DIALYSIS FACILITY HDSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITDNEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITDNEAL
TRAININO SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATIDN RATES: DIALYSIS-UNCONDITIDNAL
TYPE OF DWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 00
DATE APPROVED: 831118
NUMBER OF DIALYSIS STATIDNS: 011

HSA:
MSA: 7160

UTAH DIALYSIS LABS
633 E SDUTH TEMPLE
SALT LAKE CITY UT
INTERMEDIARY NO: 00410
RENAL NETWDRK = 05
PRDVIDER NO: 463502

84102

APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF DWNERSHIP: CDRPORATIDN-NOT FDR PRDFIT

HCFA REOIDN: 08
OATE APPROVED: 831118
NUMBER OF DIALYSIS STATIDNS: 012

HSA:
MSA: 7160

DIXIE DIALYSIS
544 SOUTH 400 EAST
ST GEDRGE UT
INTERMEDIARY NO: 00410
RENAL NETWDRK = 05
PRDVIDER NO: 462511

84770

8ACKUP HDSPITAL: 460009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTIDN
TYPE OF DWNERSHIP: STATE-GDVERNMENT NON-FEDERAL

HCFA REOIDN: 08
OATE APPROVED: 820514
NUMBER OF DIALYSIS STATIONS: 005

HSA:
MSA: 0000

MEDICAL CENTER HOSPITAL OF VERMONT
COLCHESTER AVE
BURLINGTON VT 05401
INTERMEDIARY NO: 00270
RENAL NETWORK = 2B
PROVIDER NO: 470003

CROSS-REFERENCE: 472300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 01 HSA: 01
DATE APPROVED: 770831 MSA: 1303
NUMBER OF DIALYSIS STATIONS: 011

STATE = VIRGIN ISLANDS — RENAL PROVIDER LIST AS OF 12/31/84

CHARLES HARWOOD MEM HOSP
ESTATE ORANGE GROVE
CHRISTIANSTEAD VI 00820
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 480002

CROSS-REFERENCE: 482301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 02 HSA: 01
DATE APPROVED: 77D901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

ST THOMAS HOSPITAL
HOSPITAL LANE
ST THOMAS VI 00801
INTERMEDIARY NO: 57400
RENAL NETWORK = 29
PROVIDER NO: 480001

CROSS-REFERENCE: 482300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 02 HSA: 02
DATE APPROVED: 821201 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

TRANSPLANT-CONDITIONAL

STATE = VIRGINIA

RENAL PROVIDER LIST AS OF 12/31/84

NORTHERN VA DIALYSIS CTR
5249 DUKE ST SUITE 208
ALEXANDRIA VA 22304
INTERMEDIARY NO: 00080
RENAL NETWORK = 2S
PROVIDER NO: 492605

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 020

HSA: 02
MSA: 884D

DMA OF NORTHERN VA
1701 N GEORGE MASON DR
ARLINGTON VA 22206
INTERMEDIARY NO: 00080
RENAL NETWORK = 2S
PROVIDER NO: 492616

BACKUP HOSPITAL: 090004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770101
NUMBER OF DIALYSIS STATIONS: 006

HSA: 02
MSA: 884D

MOUNTAIN EMPIRE DIALYSIS CENTER
RT 3,CLOVERLEAF SQUARE A-1
DIO STONE GAP VA 24219
INTERMEDIARY NO: 00424
RENAL NETWORK = 3D
PROVIDER NO: 492633

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 840125
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 0000

UNIVERSITY OF VIRGINIA HOSP
UNIVERSITY STATION BOX 133
CHARLOTTESVILLE VA 22903
INTERMEDIARY NO: 00423
RENAL NETWORK = 3D
PROVIDER NO: 490009

CROSS-REFERENCE: 4923D1
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 019
TRANSPLANT-UNCONDITIONAL

HSA: 01
MSA: 164D

ALLEGHANY DIALYSIS FACILITY
ROUTE 2 VALLEY RIDGE ROAD
COVINGTON VA 24426
INTERMEDIARY NO: 00423
RENAL NETWORK = 3D
PROVIDER NO: 492622

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800723
NUMBER OF DIALYSIS STATIONS: 006

HSA:
MSA: 0000

DANVILLE UROLOGIC CLINIC
1040 MAIN ST
DANVILLE VA 24541
INTERMEDIARY NO: 00423
RENAL NETWORK = 3D
PROVIDER NO: 492601

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770801
NUMBER OF DIALYSIS STATIONS: 020

HSA: 03
MSA: 196D

RICHARDSON MEMORIAL DIALYSIS CTR
306 WEAVER AVE
EMPORIA VA 23847
INTERMEDIARY NO: 00423
RENAL NETWORK = 3D
PROVIDER NO: 492618

BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 791015
NUMBER OF DIALYSIS STATIONS: 018

HSA:
MSA: 0000

BMA OF ARLINGTON
3916 ARLINGTON BLVD.
FAIRFAX VA 22031
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 492504

BACKUP HOSPITAL: 490004
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770901 MSA: 8040
NUMBER OF DIALYSIS STATIONS: 024

FAIRFAX HOSPITAL
3300 GALLOWS RD
FALLS CHURCH VA 22046
INTERMEDIARY NO: 00080
RENAL NETWORK = 23
PROVIDER NO: 490063

CROSS-REFERENCE: 492312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790606 MSA: 0040
NUMBER OF DIALYSIS STATIONS: 006

FARMVILLE DIALYSIS FACILITY
800 BUFFALO ST
FARMVILLE VA 23901
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492526

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 000903 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

FREDERICKSBURG DIALYSIS CENTER
511 WESTWOOD OFFICE PARK,RT 3
FREDERICKSBURG VA 22401
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492508

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 02
DATE APPROVED: 770001 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 000

TWIN COUNTY DIALYSIS CENTER
607 GLENDALE ROAD
GALAX VA 24333
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492529

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 821013 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

GLOUCESTER DIALYSIS CTR INC
POB 739 RTE 17
GLOUCESTER VA 23061
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492514

BACKUP HOSPITAL: 490052
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770715 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 010

SOUTHWEST VA DIALYSIS FACILITY
P.O. BOX 1335
GRUNDY VA 24614
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492531

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830221 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 007

STATE = VIRGINIA

RENAL PROVIDER LIST AS OF 12/31/84

HAMPTON GENERAL DIALYSIS CTR
3120 VICTORIA BLVD
HAMPTON VA 23669
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490095

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800909
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 5720

HARRISONBURG DIALYSIS CENTER
847 CANTRELL AVE
HARRISONBURG VA 22801
INTERMEDIARY NO: 00425
RENAL NETWORK = 30
PROVIDER NO: 492507

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 009

HSA: 02
MSA: 0000

LYNCHBURG DIALYSIS FACILITY
2016 TATE SPRINGS RD
LYNCHBURG VA 24501
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492509

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 019

HSA: 03
MSA: 4640

OMA OF SMYTH COUNTY INC
1154 SNIDER STREET
MARION VA 24354
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492810

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 007

HSA: 03
MSA: 0000

MARTINSVILLE DIALYSIS FACILITY
COMMONWEALTH BOULEVARD
MARTINSVILLE VA 24112
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492827

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: NOT AVAILABLE
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: B20111
NUMBER OF DIALYSIS STATIONS: 007

HSA:
MSA: 0000

ARTIFICIAL KIDNEY CENTER
P.O. BOX 722
MASSAWADOX VA 23413
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492824

BACKUP HOSPITAL: 490030
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800711
NUMBER OF DIALYSIS STATIONS: 010

HSA:
MSA: 0000

MARY IMMACULATE HOSPITAL
800 DENBIGH BLVD
NEWPORT NEWS VA 23607
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490041

CROSS-REFERENCE: 492304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 005

HSA: 05
MSA: 5720

RIVERSIDE HOSPITAL
J CLYDE MORRIS BLVD
NEWPORT NEWS VA 23601
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490052

CROSS-REFERENCE: 492306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 012

NORFOLK GENERAL HOSP-ESRD
600 GRESHAM DR
NORFOLK VA 23507
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490007

CROSS-REFERENCE: 492300
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 008

TRANSPLANT-UNCONDITIONAL

TIDEWATER RENAL DIALYSIS CENTER
1028 W. 44TH ST
NORFOLK VA 23508
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492502

BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770001 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 032

LEIGH DIALYSIS CENTER
830 KEMPSVILLE RD
NORFOLK VA 23502
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 493500

BACKUP HOSPITAL: 490007
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 018

PETERSBURG GENERAL HOSPITAL
801 S. ADAMS ST
PETERSBURG VA 23803
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490067

CROSS-REFERENCE: 492307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 04
DATE APPROVED: 770801 MSA: 6760
NUMBER OF DIALYSIS STATIONS: 012

PORTSMOUTH GENERAL HOSP
850 CRAWFORD PKWY
PORTSMOUTH VA 23704
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 490074

CROSS-REFERENCE: 492309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-GOVERNMENT NON-FEDERAL

HCFA REGION: 03 HSA: 05
DATE APPROVED: 770801 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 018

BMA OF NEW RIVER VALLEY INC
1217 GROVE AVE
RADFORD VA 24141
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492532

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830525 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 011

STATE = VIRGINIA

RENAL PROVIDER LIST AS OF 12/31/84

MEDICAL COLLEGE OF VA 1200 E BROAD ST RICHMOND VA INTERMEDIARY NO: 00423 RENAL NETWORK = 30 PROVIDER NO: 490032	23298	CROSS-REFERENCE: 492303 APPROVED AS: TRANSPLANT DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 770801 NUMBER OF DIALYSIS STATIONS: 016 TRANSPLANT-UNCONDITIONAL	HSA: 04 MSA: 6760
RICHMOND MEMORIAL HOSP P.O. BOX 25703 RICHMOND VA INTERMEDIARY NO: 00423 RENAL NETWORK = 30 PROVIDER NO: 490059	23251	CROSS-REFERENCE: 492308 APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 770801 NUMBER OF DIALYSIS STATIONS: 025	HSA: 04 MSA: 6760
VA HOSP 1200 BROAD ROCK RD RICHMOND VA INTERMEDIARY NO: 99990 RENAL NETWORK = 30 PROVIDER NO: 490101	23249	CROSS-REFERENCE: 492310 APPROVED AS: TRANSPLANT DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL	HCFA REGION: 03 DATE APPROVED: 770801 NUMBER OF DIALYSIS STATIONS: 018 TRANSPLANT-UNCONDITIONAL	HSA: 04 MSA: 6750
HENRICO DIALYSIS CTR 110 LIBBIE AVE RICHMOND VA INTERMEDIARY NO: 00423 RENAL NETWORK = 30 PROVIDER NO: 492503	23225	BACKUP HOSPITAL: 490007 APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 770901 NUMBER OF DIALYSIS STATIONS: 010	HSA: 04 MSA: 6750
COMMUNITY DIALYSIS SERVICES 1921 WESTMORELAND AVE. RICHMOND VA INTERMEDIARY NO: 00423 RENAL NETWORK = 30 PROVIDER NO: 492505	23230	BACKUP HOSPITAL: 490007 APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: PERITONEAL, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 770801 NUMBER OF DIALYSIS STATIONS: 016	HSA: 04 MSA: 6750
MC GUIRE CLINIC DIALYSIS CTR 2505 POCOSHOCK PLACE RICHMOND VA INTERMEDIARY NO: 00423 RENAL NETWORK = 30 PROVIDER NO: 492519	23235	BACKUP HOSPITAL: 490059 APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL STAFF-ASSISTED SERVICES: HEMODIALYSIS SELF-CARE SERVICES: TRAINING SERVICES: HEMODIALYSIS, CAPD MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 800421 NUMBER OF DIALYSIS STATIONS: 014	HSA: MSA: 6760
ROANOKE MEMORIAL HOSP BOX 13367 BELLEVIEW AT JEFFERSON ROANOKE VA INTERMEDIARY NO: 00424 RENAL NETWORK = 30 PROVIDER NO: 490024	24033	CROSS-REFERENCE: 492302 APPROVED AS: DIALYSIS CENTER STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL SELF-CARE SERVICES: TRAINING SERVICES: , CA MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT	HCFA REGION: 03 DATE APPROVED: 770801 NUMBER OF DIALYSIS STATIONS: 007	HSA: 03 MSA: 5800

BHA OF ROANOKE INC
4330 BRAMBLETON AVENUE
ROANOKE VA 24018
INTERMEDIARY NO: 00424
RENAL NETWORK = 30
PROVIDER NO: 492513

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770926 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 011

VETERAN'S MEDICAL CENTER
1970 ROANOKE BLVD
SALEM VA 24153
INTERMEDIARY NO: 99990
RENAL NETWORK = 30
PROVIDER NO: 49011F

CROSS-REFERENCE: 492311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: VETERANS ADMINISTRATION - GOVERNMENT FEDERAL

HCFA REGION: 03 HSA: 03
DATE APPROVED: 770801 MSA: 6000
NUMBER OF DIALYSIS STATIONS: 006

SOUTH BOSTON DIALYSIS FACILITY
2212 HALIFAX RD
SO BOSTON VA 24592
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492516

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790723 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

AUGUSTA COUNTY DIALYSIS FACILITY
3 IDLEWOOD BLVD
STAUNTON VA 24401
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492528

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 820819 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 012

ARTIFICIAL KIDNEY CENTER OF SUFFOLK
1900 N MAIN ST-PO BOX 700
SUFFOLK VA 23434
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492530

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 830119 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 012

VIRGINIA BEACH DIALYSIS CENTER
1127 FIRST COLONIAL RD.
VIRGINIA BEACH VA 23454
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492517

BACKUP HOSPITAL: 490074
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: INDIVIDUAL-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 790820 MSA: 5720
NUMBER OF DIALYSIS STATIONS: 009

WARRENTON DIALYSIS FACILITY INC
570 WATERLOO RD
WARRENTON VA 23186
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 492525

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03 HSA:
DATE APPROVED: 800824 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

STATE - VIRGINIA

RENAL PROVIDER LIST AS OF 12/31/84

WINCHESTER DIALYSIS CENTER
511 S LOUDOUN ST
WINCHESTER VA 22601
INTERMEDIARY NO: 00423
RENAL NETWORK - 30
PROVIDER NO: 492523

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800723
NUMBER OF DIALYSIS STATIONS: 011

HSA:
MSA: 5720

WOODBRIDGE-MANASSAS DIALYSIS FACILITY
2010 D. ORITZ BLVD.
WOODBRIDGE VA 22191
INTERMEDIARY NO: 00000
RENAL NETWORK - 25
PROVIDER NO: 492621

BACKUP HOSPITAL: 090001
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800830
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 8840

LAKE WASHINOTON KIDNEY CTR
1231 116TH AVE NE,SUITE 204
8ELLEVUE WA 98004
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502505

BACKUP HOSPITAL: 500008
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 10 HSA:
DATE APPROVED: 810831 MSA: 7600
NUMBER OF DIALYSIS STATIONS: 007

MOUNT BAKER KIDNEY CENTER
3201 ELLIS ST
8ELLINOHAM WA 98225
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502501

BACKUP HOSPITAL: 500108
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: 10 HSA:
DATE APPNOVED: 800714 MSA: 0860
NUMDER OF DIALYSIS STATIONS: 004

OLYMPIC PENINSULA KIDNEY CENTER
2601 CHERRY AVE.
8REMERTON WA 98310
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502502

BACKUP HOSPITAL: 500008
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REOION: 10 HSA:
DATE APPROVED: 801016 MSA: 1160
NUMDER OF DIALYSIS STATIONS: 005

PUOET SOUND KIDNEY CTR
3225 NASSAU-BOX 5255
EVERETT WA 98206
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502503

BACKUP HOSPITAL: 500008
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 10 HSA:
DATE APPROVED: 810416 MSA: 7600
NUMDER OF DIALYSIS STATIONS: 009

MID COLUMBIA KIDNEY CENTER
943-A STEVENS AVE
RICHLAND WA 99352
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 502504

BACKUP HOSPITAL: 500008
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 10 HSA:
OATE APPROVEO: 010328 MSA: 6740
NUMDER OF DIALYSIS STATIONS: 002

VIRGINIA MASON HOSPITAL
925 SENECA STREET
SEATTLE WA 98101
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500005

CROSS-REFERENCE: 502300
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAININO SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REOION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMDER OF DIALYSIS STATIONS: 000

UNIVERSITY HOSPITAL
1959 NE PACIFIC ST,RF-25
SEATTLE WA 98195
IKTERMEDIARY NO: 00430
REKAL NETWORK = 02
PROVIDER NO: 500008

CROSS-REFERENCE: 502301
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-OOVERNMENT NON-FEDERAL

HCFA REOION: 10 HSA: 01
DATE APPROVED: 770901 MSA: 7600
NUMDER OF DIALYSIS STATIONS: 000

STATE - WASHINGTON

RENAL PROVIDER LIST AS OF 12/31/84

SWEDISH HOSPITAL MEDICAL CENTER
747 SUMMIT AVENUE
SEATTLE WA 98104
INTERMEDIARY NO: 51800
RENAL NETWORK - 02
PROVIDER NO: 500027

CROSS-REFERENCE: 502304
APPROVED AS: TRANSPLANT CENTER
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: TRANSPLANT-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 000

HSA: 01
MSA: 7500

CHILDRENS ORTHOPEDIC HOSP
4800 SAND POINT WAY NE
SEATTLE WA 98105
INTERMEDIARY NO: 00430
RENAL NETWORK - 02
PROVIDER NO: 500103

CROSS-REFERENCE: 502305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 002

TRANSPLANT-CONDITIONAL

HSA: 01
MSA: 7500

NORTHWEST KIDNEY CENTER
700 BROADWAY
SEATTLE WA 98122
INTERMEDIARY NO: 00430
RENAL NETWORK - 02
PROVIDER NO: 502500

BACKUP HOSPITAL: 500027
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 042

HSA: 01
MSA: 7500

COACH HOUSE DIALYSIS
4707 24TH AVE NE
SEATTLE WA 98105
INTERMEDIARY NO: 00430
RENAL NETWORK - 02
PROVIDER NO: 502507

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 830801
NUMBER OF DIALYSIS STATIONS: 004

HSA:
MSA: 7600

SACRED HEART MEDICAL CENTER
W 101 8TH AVE
SPOKANE WA 99220
INTERMEDIARY NO: 00430
RENAL NETWORK - 02
PROVIDER NO: 500054

CROSS-REFERENCE: 502305
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 811018
NUMBER OF DIALYSIS STATIONS: 010

TRANSPLANT-CONDITIONAL

HSA: 04
MSA: 7840

ST JOSEPH HOSPITAL
1718 SOUTH 'I' STREET
TACOMA WA 98405
INTERMEDIARY NO: 00430
RENAL NETWORK - 02
PROVIDER NO: 500108

CROSS-REFERENCE: 502307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 012

HSA: 01
MSA: 8200

FT. VANCOUVER KIDNEY CENTER
505 NE 87TH AVE
VANCOUVER WA 98664
INTERMEDIARY NO: 00350
RENAL NETWORK - 02
PROVIDER NO: 502506

BACKUP HOSPITAL: 380017
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10
DATE APPROVED: 811218
NUMBER OF DIALYSIS STATIONS: 008

HSA:
MSA: 8725

CENTRAL WASHINGTON HOSPITAL
ROSEWOOD AT RED APPLE RD
WENATCHEE WA 98801
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500015

CROSS-REFERENCE: 502303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 03
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 002

ST ELIZABETH MEDICAL CTR
110 SOUTH 9TH AVE
YAKIMA WA 98902
INTERMEDIARY NO: 00430
RENAL NETWORK = 02
PROVIDER NO: 500012

CROSS-REFERENCE: 502302
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 10 HSA: 03
DATE APPROVED: 770901 MSA: 9260
NUMBER OF DIALYSIS STATIONS: 008

STATE = WEST VIRGINIA

RENAL PROVIDER LIST AS OF 12/31/84

RALEIGH DIALYSIS FACILITY INC
421 CARRIAGE RD
SECKLEY WV 25801
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 512505

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 840501
NUMBER OF DIALYSIS STATIONS: 009

HSA:
MSA: 0000

SOUTHERN WEST VA REGIONAL HEALTH CO
RT 2 BOX 352
BLUEFIELD WV 24701
INTERMEDIARY NO: 00423
RENAL NETWORK = 30
PROVIDER NO: 512501

BACKUP HOSPITAL: 490009
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 010

HSA: 01
MSA: 0000

WEST VIRGINIA DIALYSIN FACILITIES INC
PO BOX 3367
CHARLESTON WV 25333
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 512503

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800512
NUMBER OF DIALYSIS STATIONS: 017

HSA:
MSA: 1480

CADELL-HUNTINGTON HOSP
1340 HAL GREER BLVD
HUNTINGTON WV 25701
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510055

CROSS-REFERENCE: 512306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CITY/COUNTY-GOVERNMENT NON-FEDERAL

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 019

HSA: 01
MSA: 3400

MAN APPALACHIAN REGIONAL HOSP
700 E MCDONALD AVE
MAN WV 25635
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510035

CROSS-REFERENCE: 512304
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 770901
NUMBER OF DIALYSIS STATIONS: 003

HSA: 01
MSA: 0000

MARTINSBURG DIALYSIS FACILITY
608 ROCKCLIFF DR
MARTINSBURG WV 25401
INTERMEDIARY NO: 52280
RENAL NETWORK = 30
PROVIDER NO: 512502

BACKUP HOSPITAL: 090011
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 790219
NUMBER OF DIALYSIS STATIONS: 008

HSA: 01
MSA: 0000

WEST VIRGINIA UNIVERSITY HOSP
P.O. BOX 6401
MORGANTOWN WV 26506
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510001

CROSS-REFERENCE: 512300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03
DATE APPROVED: 800125
NUMBER OF DIALYSIS STATIONS: 013

HSA: 01
MSA: 0000

ST JOSEPHS HOSP
19TH & MURDOCH AVE
PARKERSBURG WV 26101
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510033

CROSS-REFERENCE: 512303
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 800523 MSA: 6020
NUMBER OF DIALYSIS STATIONS: 008

WHEELING DIALYSIS CENTER
MEDICAL PARK
WHEELING WV 26003
INTERMEDIARY NO: 00441
RENAL NETWORK = 30
PROVIDER NO: 510050

CROSS-REFERENCE: 512306
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT

HCFA REGION: 03 HSA: 01
DATE APPROVED: 840101 MSA: 9000
NUMBER OF DIALYSIS STATIONS: 010

LUTHER HOSPITAL
310 CHESTNUT ST
EAU CLAIRE WI 54701
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520070
CROSS-REFERENCE: 522311
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 2290
NUMBER OF DIALYSIS STATIONS: 014

ST VINCENT HOSPITAL
835 S VAN BUREN ST BOX 1221
GREEN BAY WI 54301
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520075
CROSS-REFERENCE: 522312
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 3080
NUMBER OF DIALYSIS STATIONS: 009

ST CATHERINES HOSPITAL
3556 7TH AVE
KENOSHA WI 53140
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520069
CROSS-REFERENCE: 522310
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 3800
NUMBER OF DIALYSIS STATIONS: 004

LA CROSSE LUTHERAN HOSPITAL
1910 SOUTH AVENUE
LA CROSSE WI 54601
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520087
CROSS-REFERENCE: 522313
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 3870
NUMBER OF DIALYSIS STATIONS: 009

METHODIST HOSPITAL
309 WEST WASHINGTON AVENUE
MADISON WI 53703
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520043
CROSS-REFERENCE: 522305
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES: HEMODIALYSIS
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 4720
NUMBER OF DIALYSIS STATIONS: 010

UNIVERSITY OF WISCONSIN HOSPITALS
500 HIGHLAND AVE
MADISON WI 53705
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520098
CROSS-REFERENCE: 522316
APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 01
DATE APPROVED: 770901 MSA: 4720
NUMBER OF DIALYSIS STATIONS: 007
TRANSPLANT-UNCONDITIONAL

MARINETTE GENERAL HOSPITAL
3100 SHORE DRIVE
MARINETTE WI 54143
INTERMEDIARY NO: 00450
RENAL NETWORK - 13
PROVIDER NO: 520113
CROSS-REFERENCE: 522317
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: COUNTY-GOVERNMENT NON-FEDERAL
HCFA REGION: 05 HSA: 04
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 002

ST JOSEPHS HOSP
611 ST JOSEPH AVENUE
MARSHFIELD WI 54449
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520037

CROSS-REFERENCE: 522302
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 05
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 009

ST MICHAEL HOSPITAL
2400 WEST VILLARD AVENUE
MILWAUKEE WI 53209
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520040

CROSS-REFERENCE: 522304
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 009

ST MARYS HOSP
2320 NORTH LAKE DRIVE
MILWAUKEE WI 53211
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520051

CROSS-REFERENCE: 522307
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 006

MT SINAI MEDICAL CTR
950 NORTH ST
MILWAUKEE WI 53233
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520054

CROSS-REFERENCE: 522308
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES: HEMODIALYSIS, PERITONEAL
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 004

DEACONESS HOSPITAL
520 NORTH 19TH ST
MILWAUKEE WI 53233
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520057

CROSS-REFERENCE: 522309
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5000
NUMBER OF DIALYSIS STATIONS: 011

ST LUKES HOSPITAL
2900 WEST OKLAHOMA AVENUE
MILWAUKEE WI 53215
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520138

CROSS-REFERENCE: 522318
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 02
DATE APPROVED: 770901 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 010

KURTIS FROEPERT MEMORIAL LUTHERAN HOSP
9200 WISCONSIN AVE
MILWAUKEE WI 53225
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520177

APPROVED AS: TRANSPLANT DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: TRANSPLANT-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA:
DATE APPROVED: 810430 MSA: 5080
NUMBER OF DIALYSIS STATIONS: 009

THEDA CLARK MEM HOSP
130 2ND ST
NEENAH WI 54956
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520046
CROSS-REFERENCE: 522306
APPROVED AS: INPATIENT CARE ONLY
STAFF-ASSISTED SERVICES:
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: OTHER-NOT FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 77090I MSA: 0460
NUMBER OF DIALYSIS STATIONS: 000

FOX VALLEY REGIONAL DIALYSIS CENTER
216 N. COMMERCIAL STREET
NEENAH WI 54956
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 522500
BACKUP HOSPITAL: 520046
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-FOR PROFIT
HCFA REGION: 05 HSA: 03
DATE APPROVED: 77090I MSA: 0460
NUMBER OF DIALYSIS STATIONS: 017

ST LUKES HOSPITAL
1320 WISCONSIN AVENUE
RACINE WI 53403
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520094
CROSS-REFERENCE: 522316
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: , CA
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 02
DATE APPROVED: 77090I MSA: 5500
NUMBER OF DIALYSIS STATIONS: 013

LAKEVIEW MEDICAL CENTER
1100 NORTH MAIN ST
RICE LAKE WI 54868
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520011
CROSS-REFERENCE: 522320
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 78030I MSA: 0000
NUMBER OF DIALYSIS STATIONS: 003

ST NICHOLAS HOSP
1501 N TAYLOR DR
SHEBOYGAN WI 53081
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520044
APPROVED AS: DIALYSIS FACILITY HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA:
DATE APPROVED: 82031S MSA: 7520
NUMBER OF DIALYSIS STATIONS: 003

ST MICHAELS HOSP
900 ILLINOIS ST
STEVENS POINT WI 54481
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520002
CROSS-REFERENCE: 522300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 05
DATE APPROVED: 77090I MSA: 0000
NUMBER OF DIALYSIS STATIONS: 005

WAUPUN MEMORIAL HOSPITAL
520 W BROWN ST
WAUPUN WI 53963
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520028
CROSS-REFERENCE: 522301
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT
HCFA REGION: 05 HSA: 01
DATE APPROVED: 77090I MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

HOWARD YOUNG MEDICAL CTR
240 MAPLE ST
WOODRUFF WI 54568
INTERMEDIARY NO: 00450
RENAL NETWORK = 13
PROVIDER NO: 520091

CROSS-REFERENCE: 522314
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS, PERITONEAL
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: CORPORATION-NOT FOR PROFIT

HCFA REGION: 05 HSA: 06
DATE APPROVED: 770901 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

SOUTHEASTERN WYOMING DIALYSIS CTR
1111 LOGAN AVE
CHEYENNE WY 82001
INTERMEDIARY NO: 00460
RENAL NETWORK - 08
PROVIDER NO: 532501

BACKUP HOSPITAL: 060032
APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES: PERITONEAL, CAPD
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: PARTNERSHIP-FOR PROFIT

HCFA REGION: 08
DATE APPROVED: 780123
NUMBER OF DIALYSIS STATIONS: 007

HSA: 01
MSA: 0000

LBJ TROPICAL MEDICAL CENTER
VILLAGE OF FAGAALU
PAGO PAGO AS 96799
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 640001

APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-EXCEPTION
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA:
DATE APPROVED: 820624 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 002

GUAM MEM HOSP
P O BOX AX
AGANA GU 96910
INTERMEDIARY NO: 17120
RENAL NETWORK - 01
PROVIDER NO: 650001

CROSS-REFERENCE: 652300
APPROVED AS: DIALYSIS CENTER
STAFF-ASSISTED SERVICES: HEMODIALYSIS
SELF-CARE SERVICES:
TRAINING SERVICES: HEMODIALYSIS
MINIMUM UTILIZATION RATES: DIALYSIS-UNCONDITIONAL
TYPE OF OWNERSHIP: HOSPITAL DISTRICT/AUTHORITY-GOVERNMENT NON-FEDERAL

HCFA REGION: 09
DATE APPROVED: 770812
NUMBER OF DIALYSIS STATIONS: 005

HSA: 01
MSA: 0000

HEMODIALYSIS UNIT-DR TORRES HOSPITAL
VILLAGE OF A S TERLAJE
SAIPAN,MARIANA ISLDS 96950
INTERMEDIARY NO: 17120
RENAL NETWORK = 01
PROVIDER NO: 662500

APPROVED AS: DIALYSIS FACILITY NON-HOSPITAL
STAFF-ASSISTED SERVICES: HEMODIALYSIS, PERITONEAL
SELF-CARE SERVICES:
TRAINING SERVICES:
MINIMUM UTILIZATION RATES: DIALYSIS-CONDITIONAL
TYPE OF OWNERSHIP: STATE-GOVERNMENT NON-FEDERAL

HCFA REGION: 09 HSA:
DATE APPROVED: 830926 MSA: 0000
NUMBER OF DIALYSIS STATIONS: 006

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